



An educated choice

HOME EQUITY LINE OF CREDIT (HELOC) AUTOMATIC PAYMENT AUTHORIZATION FORM

Please print all information.

To set up automatic payments, the payment amount must be greater than the minimum payment.

I/we authorize the Tobacco Valley Teachers Federal Credit Union to withdraw \$_____ from my/our

____ Share Savings Account (Suffix A)

____ Checking Account (Suffix X)

Account # _____

on the 25th of each month and apply it towards the payment that is due for my/our Home Equity Line of Credit (HELOC).

IN ADDITION TO THIS FORM YOU MUST SUBMIT A DRIVER'S LICENSE OR GOVERNMENT ISSUED ID TO VERIFY YOUR IDENTITY. YOU CAN SEND A COPY TO US BY EMAIL: MSR@TVTFCU.ORG, BY FAX: 860-253-4785, OR BY MAIL.

MEMBER NAME (Please Print)

MEMBER SIGNATURE

DATE

JOINT MEMBER NAME (Please Print)

P 860-253-4780
P 800-749-8305
F 860-253-4785

182 South Road
Enfield, CT 06082

www.tvtfcu.org

