

Payment Change Request



By signing this document, the following borrower(s) request a change to the method by which they meet their minimum periodic payment obligation to the credit union for the loan account identified below. The change(s) requested below overrides any earlier conflicting requested payment-related change(s) for the loan account identified below.

Any approval of this request does not change the minimum required payment amount, loan terms, interest rate, or other provisions of the original loan contract. Any approval of this request is solely to accommodate the borrower(s) and the credit union may refuse or rescind its approval at the credit union's discretion. The credit union also may limit the total number of payment-related changes and requests it is willing to consider or approve for any loan account during the scheduled term of the loan. Loan account must be up to date for your request to be considered and approved. Borrower(s) is/are responsible for any payments that may be due to the credit union while this request is being processed. Please allow up to seven calendar days after submission for any requested changes to be approved.

Please return this form, completed and signed by all borrowers, to APGFCU by fax at 410-612-2391 or by mail at APGFCU, Attn: Member Loan Center, P.O. Box, 1176, Aberdeen, MD 21001.

Member Information	
Borrower Name:	Co-borrower Name:
Member Number:	Suffix to be changed:

Change Request – please check all of the following that apply.	
<input type="checkbox"/> I wish to update the frequency of my existing automatic payment election to the following interval (the dollar amount of your automatic payment election will be modified to meet your minimum monthly obligation to the credit union): <i>Please note: Decreasing the frequency of automatic loan payments may increase total interest accruals (because principal will be repaid less frequently) and affect the total number of required payments and/or the dollar amount of required final payment(s). Payment calculations do not take into consideration payments in excess of the contractual amount or payments that have been increased as a result of collateral protection insurance being added to the loan.</i>	<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-monthly (twice a month) – will be calculated by dividing the required monthly payment by two. <input type="checkbox"/> Bi-weekly (every two weeks) – will be calculated using the monthly payment, multiplied by 12 and divided by 26. <input type="checkbox"/> Weekly – will be calculated using the bi-weekly payment divided by two.
<input type="checkbox"/> I wish to set-up an automatic payment election, or change the source of my current automatic payment election:	<input type="checkbox"/> Future payments for the loan described above should be drawn from my APGFCU account number: _____ <input type="checkbox"/> External transfer request (A separate document will be sent to borrower(s) for completion.)
<input type="checkbox"/> I wish to change the payment date(s) on my loan account* (This can only be modified after your first required loan payment has been made and payment date(s) cannot be later than my contractually-required due date.)	<input type="checkbox"/> Future payments will be made in full no later than the ____ day of each month. <input type="checkbox"/> Future payments will be made on the _____ and _____ of each month. <input type="checkbox"/> Future payments will be made every two weeks (14 days) beginning on _____, 20____ (estimated). <input type="checkbox"/> Future payments will be made weekly (every seven days) beginning on _____, 20____ (estimated).
<input type="checkbox"/> I wish to cancel my existing automatic payment election.** (If you wish to cancel an existing automatic payment election for an external account at an external financial institution, you understand and agree that you must notify your external financial institution directly of this request.)	

Contact Method			
Select and provide one preferred contact method below to receive notification confirming this change.			
<input type="checkbox"/> Email: _____			
<input type="checkbox"/> Mail: (If P.O. Box is provided, be sure to also provide your home address.)			
Primary mailing address	City	State	Zip
Primary physical address	City	State	Zip

Signature	
Borrower Signature:	Co-borrower Signature:

*Payment dates cannot be changed on mortgage, home equity loans/lines of credit, VISA, or mobile home loan products.

**Interest rate discounts granted at time of loan origination may be forfeited if automatic payment election is discontinued. See your original loan contract for more details.