



Account Maintenance Request

Date Submitted _____

Member Name _____ Account # _____

<input type="checkbox"/> Automatic Consumer Loan Payment Loan # _____ Automatic Payment Date _____ Amount \$ _____ Account # _____	Scheduled: <i>Payment will post every month regardless of due date.</i> Loan Payment: <i>Payment will only post when payment is due for min. amount due.</i> <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/> Automatic Mortgage Loan Payment Loan # _____ Automatic Payment Date _____ Amount \$ _____ Account # _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/> Automatic Transfer Amount \$ _____ Start Date __/__/____ To Account # _____ From Account # _____ Occurrence <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Payroll	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/> Other _____ _____ _____ _____	

By signing below, I authorize these changes to be made to my account and certify that all information I have provided is true and correct.

Signature _____ Social Security # _____

Office Use

SOAFCU Rep _____ Date Changed _____
 Destination: Credit Card Operations Mortgage