



Change of Payment Date form

Dear Credit Union Member:

In order for the Cu to process your PAYMENT DATE CHANGE, on your loan; PLEASE COMPLETE AND SIGN THIS FORM; PLEASE RETURN TO THE CREDIT UNION FOR FURTHER PROCESSING UPON RECEIPT. If applicable, a new coupon book could be generated and sent to you, with a new corresponding payment date.

Name of Member(s): _____

Account #: _____ **Loan#:** _____

Note #: _____ **Effective change date:** _____

New payment date (requested): _____

Payment Frequency: (circle one) BIWEEKLY / SEMI-MONTHLY / MONTHLY

Method: (circle one): PAYROLL-DEDUCTION / CASH

Member's reason for change: _____

Member's Signature

Date:

CALIFORNIA ADVENTIST FEDERAL CREDIT UNION
1441 E CHEVY CHASE DRIVE, GLENDALE, CA 91206; (818) 246-7241; Fx: (818) 240-5809
Email: Operations@sdacreditunion.com ; Website: www.sdacreditunion.com