

Automatic Transfer Cancellation

PRIMARY MEMBER NAME: _____

JOINT MEMBER NAME: _____

ACCOUNT NUMBER BEING DEBITED: _____

RECEIVING ACCOUNT NUMBER: _____

AMOUNT: _____

END DATE: _____

It is expressly understood and agreed that if the borrower(s) cancel his/her pre-authorized transfer prior to paying off the loan, the Borrower will no longer be entitled to the discount(s) and the loan interest rate will be increased. The monthly payment shall remain the same as in the Credit Agreement, Promissory Note, Loanliner Agreement, Voucher or other evidence of the loan terms. For closed end loans, this may result in a higher final payment.

EFFECTIVE IMMEDIATELY, PLEASE STOP THE ABOVE LISTED AUTOMATIC TRANSFER.

Member Signature

Date

(For Office Use Only)

Staff Signature

Receiving Branch

Please return to:
Teachers Federal Credit Union
PO Box 9005
Smithtown, NY 11787-9005
Attention: Member Services Department
FAX: 631 648-2045
E-mail: webmail@teachersfcu.org.