



California Adventist Federal Credit Union

1441 E. Chevy Chase Drive, P.O. Box 9513

Glendale, CA 91206

Phone (818) 246 - 7241

Email: operations@cafcu.net

Website: www.cafcunet

CHANGE OF PAYMENT DATE FORM

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#: _____

Today's Date: _____

Effective Change Date: _____

New payment date (requested): _____

Payment Frequency:

BIWEEKLY

SEMI-MONTHLY

MONTHLY

Member's reason for change:

Member's Signature: _____ Date: _____

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(for Office Use Only)

Completed by: _____ Date: _____