



P.O. Box 11777
 Santa Ana, CA 92711-1777
 (714) 755-5900
 www.orangecountyscu.org

IMAGE DOCUMENT	
MBR#:	_____
Loan#:	_____
Orig Date:	_____
Doc Class:	<u>Misc Loans: PAYMENT CONV</u>
Dept:	_____

Loan Payment Conversion Request

Member Name: _____
 Address: _____

Member Number: _____
 Day Time Phone: _____ Alternate Phone: _____

I authorize Orange County's Credit Union to make the following adjustments to my loan(s):
Loan # _____ is the reason for your payment change request due to a hardship? No or Yes.
If yes, please forward a copy to Consumer Lending/Loss Mitigation

Payment Method

- Cash Coupon Payments _____
- Auto-Transfer - Savings # _____
- Auto-Transfer- Checking # _____
- Payroll Deduction
(payroll deduction form required for ALL change)
- Alternate payment amount of \$ _____.
- I would like to change the due date on my loan to : ____/____/____

Frequency

- Once a month
- Biweekly (every 14 days)
- Semi-monthly (1st & 15th / 15th & 30th)
- Weekly

I understand that all payment(s) for the current month must be satisfied before any changes are made. New changes will not take effect until the next payment due date.

 Member Signature Date

FOR BRANCH USE ONLY

*Do **NOT** adjust any PAL loans at the branch level; **ALL** file maintenance for these are to be forwarded to Account Services for processing.*

*A member can choose to change the frequency of a **HELOC** loan; **the due date CANNOT be changed***

- I have verified that there is no Delinquent amount on the above loan.
(If you are unsure please contact your Supervisor or the Account Services Team)
- I have verified the payment(s) for current cycle month has been satisfied.
- An ACH/Payroll authorization form has been forwarded to EFT - if applicable.
(Please attach copy of payroll form if applicable)

Associate's Signature: _____	Date: _____
File Maintenance Updated by: _____	Teller#: _____
Approving Supervisor's Signature: _____	Date: _____

Provide one copy to Imaging and one copy for your Teller Work!