

Payoff Authorization Form

I (We) request that the Credit Union make payment(s) to the payee(s) and in the amount(s) as designated below.

Payee	Amount	Account Number
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____

OPTIONAL CREDIT INSURANCE

Credit Life and/or Credit Disability Insurance is not required to obtain credit under this plan and will be included only if requested immediately below by the APPLICANT.

YOU MUST CHECK ONE OR MORE OF THE BOXES.

- You apply for Credit Disability – single coverage You apply for Credit Life Insurance – single coverage
 Joint coverage (if joint coverage is applied for, Spouse must co-sign promissory note).
 You do not want Credit Insurance

SIGNATURE OF APPLICANT X _____ DATE _____

B H C U OFFERS IT'S MEMBERS THE FOLLOWING SERVICES:

- FREE CHECKING IRA'S
 MAC VISA
 DIRECT DEPOSIT

VISIT OUR OFFICE FOR DETAILS

HOURS DAILY

MONDAY THRU THURSDAY 10:00 AM TO 5:15 PM

FRIDAY 7:30 AM TO 5:15 PM

PHONE: 610-595-2929

FAX: 610-595-2933