



Loan Term Change Request Form

Please change the terms of my loan as stated below:

DATE OF REQUEST	CHANGE DATE	
MEMBER INFORMATION		
EMAIL ADDRESS:		
NAME	LOAN NUMBER/TYPE	
ACCOUNT #	HOME PHONE	WORK PHONE
Give a brief explanation of why you want to change your current loan terms.		
How would you like to start making your payments:		
<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly (Monthly payments will be issued a coupon book)		
EMPLOYER INFORMATION		
EMPLOYER NAME	EMPLOYER PHONE NUMBER	
STREET ADDRESS	CITY, STATE, ZIP	
ACCOUNTHOLDER PRINTED NAME:		
ACCOUNTHOLDER SIGNATURE:		
Credit Union Only:		
Date Received _____ Date Changed _____ Loan Officer _____	Change Approved <input type="checkbox"/> Yes <input type="checkbox"/> No If denied, please state reason:	