

LOAN PAYMENT TRANSFER SLIP

MEMBER NAME: _____

LOAN ACCOUNT #: _____

AMOUNT OF PAYMENT \$ _____ **PER** _____

TAKE FROM ACCOUNT #: _____

Signature: _____

I hereby authorize APEX COMMUNITY FEDERAL CREDIT UNION to make transfers from the above listed account to my loan.

Please print and fax to (610) 323-2599 or bring in to an Apex Community FCU Branch.