



PO Box 2070, Fort Mill, SC, 29716
800.462.4421 • 704.969.6748
sharonview.org

Change Request for Electronic Loan Payments (ACH Debits)

Member Name: _____ Email: _____

Account Number: _____ Loan #: _____
4-digit sub account number for consumer loan or 10-digit mortgage loan number

Current ACH Amount: _____ Next Draft Date: _____

Change Request

****Please allow up to 10 business days for changes to take effect. If a selected date falls on a weekend or holiday, the ACH will process on the next banking day.*****

I (we) request the following changes to my existing ACH Authorization

Change Amount Only

New Amount: _____

Desired effective date for this change: _____

Change Date Only

New Date: _____

Desired effective date for this change: _____

Change Amount and Date

New Amount: _____

New Date: _____

Desired effective date for this change: _____

I (we) agree that all terms and conditions of my original ACH debit authorization remain in full force and effect until I (we) notify Sharonview Federal Credit Union in writing within 10 business days that I (we) wish to revoke the authorization. I (we) agree to indemnify Sharonview Federal Credit Union against, and hold harmless from, any losses arising out of my (our) ACH transactions.

Member Signature: _____ Date: _____

Employee Use Only

Employee Sending Request:	Employee Verifying Request:	Date Sent to Accounting:	Accounting Use Change Created Date:	Accounting Use Changed By: