

# Change of Financial Institution for Navy Mutual 'Quick Pay' Plan



## Member Information:

Name \_\_\_\_\_

E-Mail \_\_\_\_\_

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

## Financial Information:

**Attach a voided check or deposit slip, or provide the information requested below.** (NFCU does not allow deduction from Savings)

Bank Account Type:  Checking or  Saving

Name of Financial Institution \_\_\_\_\_

Name of Account Holder \_\_\_\_\_

Street Address of Financial Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit (Routing)/ABA Number \_\_\_\_\_

Account Number \_\_\_\_\_

## Agreement for Direct Payments and Deposits:

I authorize the Navy Mutual (the 'Association') to initiate debit/credit entries to my account indicated at the depository institution named above, and I authorize the financial institution to debit and/or credit this account. I understand that my account will be debited for premiums or loan payments due.

	<u>Premium Amount</u>	<u>Loan Repayment Amount</u>
Benefit Plan #	\$ _____	\$ _____
Benefit Plan #	\$ _____	\$ _____
Benefit Plan #	\$ _____	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>\$ _____</b>

Deduct Premiums: (Select one)  Monthly  Quarterly  Semi-Annually  Annually  
***The 'Quick Pay' plan is deducted on or about the 15 of the month for the next billing period.***

## Terms of Agreement:

I have an account at the financial institution listed and have sufficient funds to pay all appropriate fund transfers. No payment to the Association shall be deemed to have been made until the Association receives the actual credit. If corrections to the entry are required, I understand it may involve an adjustment to my account. The automatic debiting of my bank account is voluntary and it will be debited for all current premiums due as long as a statement balance exists. The Association reserves the right to refuse or terminate payment services. This authorization is to remain in effect until the Association has received notification of its termination and has had reasonable opportunity to act on it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Fax the signed form and voided check or deposit slip to (703) 945-1446.
- Scan the signed form and voided check or deposit slip and email to [quickpay@navymutual.org](mailto:quickpay@navymutual.org).
- Mail the signed form and voided check or deposit slip directly to Navy Mutual

Navy Mutual Aid Association, Henderson Hall, 29 Carpenter Road, Arlington VA 22212 (800)628-6011