Loan Direct Pay Enrollment Form

In order to pay your loan from your Qualstar account or from another financial institution, please complete the following information to request a new payment or to change your current Direct Payment plan – if you have any questions, please call us at **1-800-848-0018**:

Member Name: _____ Daytime Phone #: (_____) _____

⏩ Loan Information

Account Number: _____ **Loan** Type: _____

Day of the month you want your payment debited from your account (i.e. 1st, 5th): _____

Payment amount (if different from minimum payment on loan): $ _____

⏩ Qualstar Account to have your loan payment transferred from:

Account Number _____ (choose one): ❑ Savings ❑ Checking

⏩ Other Financial Institution to have your loan payment transferred from (you can also include a voided check or deposit slip):

Name of Financial Institution: _____

The **ABA / Routing Transit Number** & **Account Number** (as seen on the bottom of your check):

_____ # _____
Routing and Transit Account Number

Type of Account: ❑ Savings ❑ Checking

Name(s) on the account: _____

Please Note: : Some financial institutions may reject your Direct Payment request if the above referenced Qualstar Credit Union account holder is not listed as a signer on the requested debit account.

I authorize Qualstar to use the above information to make the referenced loan payment each month:

_____ _____
Primary Member Signature Date

_____ _____
Joint Member Signature Date

Please FAX your completed form to 425-957-4460, bring it to any of our branch locations, or mail it to:

Qualstar Credit Union • PO Box 3050 Bothell, WA 98041-3050 • 1-800-848-0018 • www.qualstarcu.com