



Authorization to Pay or Transfer

PAYMENT INSTRUCTIONS

Select from the following: Add/New Change Revoke

Effective Date: _____

Expiration Date: _____

LOAN ACCOUNT

Scheduled payment (date determined by the scheduled loan payment due date; the amount of this deduction may fluctuate at least annually depending on the adjusted schedule payment).

Specified Amount(s) (on the date(s) stated below) \$ _____

Additional Payment (apply to principal) \$ _____

Monthly Semi-Monthly Bi-Weekly Weekly Daily

Day (1): _____ Day (2): _____ (1st, 5th, 10th, 15th, 20th, 25th, 30th of the month)

Transfer from: (Checking/Savings/Other Account Number)	Account Name:
Transfer to: (Loan Number)	Account Name:
Transit/Routing Number:	Financial Institution Name:

CREDIT CARD ACCOUNT

Full Statement Balance (that appears on my/our most recent credit card bill).

Minimum Monthly Payment (that appears on my/our most recent credit card bill).

Specified Amount (must be greater than the minimum due) \$ _____

Transfer from: (Checking/Savings/Other Account Number)	Account Name:
Transfer to: (Credit Card Number)	Account Name:
Transit/Routing Number:	Financial Institution Name:

NOTE: Credit Card transfers will be applied on the credit card account statement closing date (approximately by the 7th business day of each month). If the minimum amount due is greater than the specified amount, the minimum amount due will be deducted. If your account is overlimit, the overlimit amount will not be included in your transfer.

TRANSACTION ACCOUNT

Transfer from: (Checking/Savings/Other Account Number)	Account Name:
Transfer to: (Checking/Savings/Other Account Number)	Account Name:
Transit/Routing Number:	Financial Institution Name:
Amount: \$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly Day (1): _____ Day (2): _____

NOTE: Transfers from a Savings account may not be a Passbook Savings or Christmas Club Account.

GEN 122 (rev. 06062012)

I/We hereby authorize Bank of Guam® to automatically deduct from my/our account(s). I/We certify that I/we am/are the sole owner/joint-owner(s) of the account(s) to be deducted. The Bank, at its option, may discontinue automatic payment or transfer from my/our account(s) if I/we fail to maintain adequate funds in my/our account(s) three (3) business days prior to cover the transaction under the authorization. It is further understood that if I/we should choose to terminate or suspend the automatic payment or transfer, I/we shall give Bank of Guam® written notification no less than three (3) business days prior to the date on which the automatic payment or transfer is scheduled to occur.

I/We agree to indemnify and hold Bank of Guam®, its directors, officers, employees, agents, and attorneys harmless from any loss, liability, damages, or third party claims arising from (a) any inaccuracy, act or failure to act on the part of any person not within the Bank's reasonable control, including, but not limited to, the failure of other financial institutions to provide accurate or timely information to Bank or Accountholder; (b) the failure of other financial institutions to accept payment orders; (c) Accountholder's negligence or breach of this Agreement; or (d) any ambiguity or inaccuracy in any instruction or in the information set forth in this Agreement given to Bank by Accountholder.

Note: The required number of signatures must be documented on this form if the account requires multiple signatures for a payment from the account.

Accouholder (1) - Please Print			Authorizing Signature	
ID TYPE	ID ISSUE BY	ID NUMBER	ID ISSUE DATE	PHONE NUMBER
Accouholder (2) - Please Print			Authorizing Signature	
ID TYPE	ID ISSUE BY	ID NUMBER	ID ISSUE DATE	PHONE NUMBER

BANK USE ONLY			
Received by: (Please Print)	Date:	Approved by: (Please Print)	Branch #
Signature		Signature	