



EMPLOYEE CHANGE REQUEST FORM

I _____ hereby request to have the following information updated on my Community Loan Center loan # _____ effective date _____.

TYPE OF CHANGE

ENTER UPDATED INFORMATION

Name	
Address	
City, State, Zip	
Email Address	
Home Phone	
Mobile Phone	
Bank Information* Complete ACH Authorization Forms	Routing: Account: Bank Name:
Payroll Deduction Amount* Complete an updated Payroll deduction form	
ACH Employee Bank Draft Amount	
ACH Payment Deduction Dates	

*changes on items with asterisk require additional forms to be filled out and signed.

Changes will be completed once a Community Loan Center representative contacts you to verify account information.

Signature

Date

Fax to: (956) 574-8293

Email to: molivarez@cdcb.org ygarza@cdcb.org

frodriguez@cdcb.org jmartinez@cdcb.org

**ADDENDUM
CONSENT TO PAYROLL DEDUCTION**

Special Instructions for Weekly, Bi-weekly, or Bi-monthly Loan Payments, if applicable:

In lieu of my monthly payment, I further authorize my employer to deduct loan payments in accordance to my payroll period (i.e., Weekly, Bi-weekly, or Bi-monthly), beginning on my next payroll period from the date contained in the Promissory Note between myself and the Community Loan Center until the balance is paid in full.

Please deduct **Bi- Weekly:** \$ _____

Print Employee Name

Employee *Signature*

Date

Employee Number: _____

Soc-Sec-Number: XXX-XX- _____