

"Investing For The Future Financial Security Of Our Members"

Application and Authorization to Commence or Cease Allotment from Pay of Employee/Retirees

Name of Borrower (Last, First, Middle Initial)	Address of Borrower
Type of Payment	Begin Automatic Payment Withdrawal (mm/dd/yy)
NMI Member Home Loan	
Amount of Semi-Monthly Payment	End Automatic Payment Withdrawal (mm/dd/yy)
\$	
Name and Address of Bank:	Type of Account:
	Checking
	Savings
Bank Routing Number:	Bank Account Number:
Request and Approval to Commence Allotment	Request and Approval to Cease Allotment
I HEREBY request and authorize allotment to be paid at	I HEREBY request and authorize discontinuance of
the end of each Pay Period from my pay, as request	previously authorized and approved allotment from
above and subject to approval and continue from the	my pay as indicated above.
period stated until I revoked by me in writing	
Full Signature of Allotter / Date	Full Signature of Allotter / Date
NMIRF USE ONLY (Below)	
Name Bank:	Address of Bank:
Bank Routing Number:	Bank Account Number:
Type of Account:	NMIRF Personnel:
Checking	
	Print Name
Savings	
	Sign and Date

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