$\hbox{\it ``Investing For The Future Financial Security Of Our Members''}$

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 Assount: |
| 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 |
| Full Signature of Anotter / Date | ruii signature of Anotter / Date |
| | |
| NMIRF USE ONLY (Below) | |
| Name Bank: | Address of Bank: |
| | |
| Paul Pauting Number | David Assessment Nivershown |
| Bank Routing Number: | Bank Account Number: |
| Type of Account: | NMIRF Personnel: |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Checking | |
| | Print Name |
| Savings | |
| | |
| | Sign and Date |
| | , |