




Member Name	Account No.	Loan No.	Due Date	LOAN PAYMENT
 <p>PLEASE COMPLETE ONLY IF YOUR ADDRESS HAS CHANGED STREET _____ CITY _____ STATE _____ ZIP _____</p> <p>Please sign and date below Signature _____ Date _____ Phone Number _____</p> <p>P.O. Box 8530, Albuquerque NM 87198 (505) 889-7755 • (800) 347-2838 www.nusenda.org</p>				
				SHARES
				SHARE DRAFT
				TOTAL
				Loan payment coupon not negotiable
				Return this coupon with your payment
				DO NOT SEND CASH THROUGH THE MAIL
				Your check or money order is your receipt

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