



AUTOMATIC PAYMENT FORM

Never write a check. Make an automatic payment from any bank account.

Please complete this form and mail or fax along with a voided check or savings deposit slip to:

**West Financial, 3575 Sioux Drive,
Medina, MN 55441, Fax: (763) 235-6001**

Contact Information:

Name _____ Account # _____

Day Phone* _____ Evening Phone _____
*Number where you can be reached for questions.

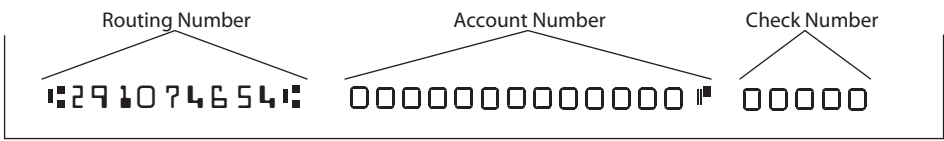
Starting Month _____ Day of the Month: 1 5 10 15 20 25
*If you do not select a start ing month and day, your payments will automatically be withdrawn on the 15th of every month.

Account Funds Coming From:

Financial Institution _____ Amount \$ _____

Address _____ Account Type: Savings Checking

Routing # _____ Account # _____ Telephone # _____



Account Funds Posting To:

Account # _____ Type _____ Suffix _____ Amount \$ _____

Account # _____ Type _____ Suffix _____ Amount \$ _____

Account # _____ Type _____ Suffix _____ Amount \$ _____

I hereby authorize West Financial to initiate debit entries to my account(s) as indicated above and the financial institution named above, hereinafter called Financial Institution, to debit the same to such account. I agree to have available funds in my account on the designated date to affect this transfer. If I do not have sufficient funds in my account to cover the transaction, I agree to pay a return ACH origination fee of \$29 per incident . This authority will remain in effect until I notify the credit union in writing at least one month prior to the next settlement date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. Variable Rate Products - West Financial will automatically increase your ACH payment in the event of an additional draw or an increase in the index.

Signature _____ Date _____

FOR CREDIT UNION USE ONLY:	Received on date _____
Entered into template by _____	Verify template by _____