

ACH or Automatic Loan Payment

Schedule your loan payment to be automatically deducted from your checking or savings account.



MEMBER NAME: FIRST _____ LAST _____

DAY PHONE _____ RAPID REFINANCE LINE OF CREDIT/ HELOC INSTALLMENT _____ LOAN # _____

For new or changed payments involving other financial institutions, you must allow 15 days to process this request.

Request to:

(select only one)

- Start a new automatic loan payment First payment date _____/_____/_____
- Stop an existing automatic loan payment Last payment date _____/_____/_____
- Change amount of an existing automatic loan payment First date of changed amount _____/_____/_____

* To change account numbers, dates or frequency, STOP the existing payment and complete another form to START a new payment.

Make Payments From: (select only one)

Checking # _____ OR Savings # _____
(SIGNATURE OF OWNER OF ACCT. REQUIRED BELOW) (SIGNATURE OF OWNER OF ACCT. REQUIRED BELOW)

Check here if this account is NOT held at UW Credit Union. Attach a voided check and complete section below.

NAME OF OTHER INSTITUTION (IF ANY) _____

NAME OF CUSTOMER AT OTHER INSTITUTION (IF DIFFERENT FROM ABOVE) _____

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9-DIGIT ROUTING/TRANSIT NUMBER

New Amount, Date and Frequency of Payments: (select only one)

If Rapid Refinance:

- Monthly on the _____ day of each month for \$ **Amount Due**
- Additional principal payment on the same day each month for \$ _____

If Installment Loan or Line of Credit/HELOC:

- Monthly on the _____ (1-31) day of each month for \$ _____
- Twice a month on the **1st** and **15th** day of the month for \$ _____
- Every two weeks on _____ for \$ _____
(Monday- Friday)
- Weekly on _____ for \$ _____
(Monday- Friday)

Line of Credit/HELOC Only:

- Monthly on the _____ day of each month for \$ **Amount Due**

"I hereby authorize the University of Wisconsin Credit Union (UWCU), and its successors, assigns, authorized agents or any entity servicing my loan on their behalf (here in after called The Lender) to initiate debit or credit entries or adjustments to my account as indicated at the financial institution named above. I understand that this authorization remains in full force and effect until UWCU has received notification from me. Such notification must be received at least three business days prior to the scheduled payment date. If the notification is verbal, UWCU requires verification in writing to be received within 14 days of my verbal notice. I also hereby acknowledge receipt of an exact copy of this document."

X _____ / ____ / ____
SIGNATURE REQUIRED DATE

NOTE: In order to change or cancel this authorization, contact UWCU. To avoid delays, please do not cancel the authorization through any other financial institution involved.

Office Use Only Transfer Record Number: _____ Teller Number: _____

Original: UWCU Lending Services Copy: Member

Complete and sign this form and drop it off at any UW Credit Union office, or mail to: UW Credit Union, P.O. Box 44963, Madison, WI 53744-4963