ACH or Automatic Loan Payment

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



Member Name: First Las	t	
	Line of Credit/HELOC	nstallment Loan #
Day Phone		
For new or changed payments involving other financial ins	titutions, you must allow 15 day	s to process this request.
Request to: (select only one)		
☐ Start a new automatic loan payment. First payment date of		/
☐ Stop an existing automatic loan payment. Last payment date of		//
☐ Change amount of an existing automatic loan payment.	First date of changed pag	yment amount/
*To change account numbers, dates, or frequency, STOP i	the existing payment and comp	lete another form to START a new payment.
Make Payments From: (select only one)		
☐ Checking #	OR	
(Signature of owner of account required below)		er of account required below)
☐ Check here if this account is NOT held at UW Credit Ur	nion. Attach a voided check and	I complete section below.
Name of other institution (if any)		
Name of quetomore at other institution (if different from all	2010)	
Name of customer at other institution (if different from al	oove)	
9-Digit Routing/Transit Number		
9-Digit Routing/ Hansit Number		
New Amount, Date and Frequency of Payments: (se	elect 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 f	for	\$
☐ Twice a month on the 1 st and 15 th days of the month for		\$
☐ Every two weeks on (Mon-Fri)	for	\$
☐ Weekly on (Mon-Fri)	for	\$
Line of Credit/HELOC Only:		
☐ Monthly on the day of each month for		\$ Amount Due
I hereby authorize UW Credit Union and its successors, assigns, authobit/credit entries as described above and, if necessary, to initiate a	adjustments for any transactions cre	dited or debited to my account in error. I understand that this
authorization remains in full force and effect until UWCU has receive prior to the scheduled payment date. If the notification is verbal (ma within 14 days of my verbal notice (delivered in branch, fax (608-236	ade in branch or by phone at 800-53	33-6773), UWCU requires written verification to be received
I also hereby acknowledge receipt of an exact copy of this documen	t.	
Signature Required X		
Note: In order to change or cancel this authorization, UW Credit Un do not cancel the authorization through any other financial instituti		r Automatic Loan Payment form. To avoid delays, please
Office Use Only Transfer Record Number:		Teller Number:

Original: UW Credit Union Lending Services Copy: Member