ACH or Automatic Loan Payment

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

Name:_____ _____
First Last

Day Phone _____ Email_____ Loan #_____

For new or changed payments involving accounts at financial institutions other than UW Credit Union, you must allow 15 days to process this request. Continue to make your monthy payment until the automatic payments begin.

Request to:

Start a new automatic loan payment: First payment date of _____ /_____ /_____

Make Payments From: *(select only one)*

☐ Checking # _____ OR ☐ Savings # _____

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

_____
Name of other institution

_____
Name of account owner at other institution

☐☐☐☐-☐☐☐☐-☐

9-Digit Routing/Transit Number

Date and Payment Amount:

Monthly on the _____ (1-31) day of each month for $_____ (If no date indicated, due date will be used)

If your financial institution sends UWCU a returned payment for whatever reason, UWCU may reverse the payment made to your loan account and you will be responsible for any late fees, returned payment fees, and/or additional interest. If your financial instituti one automatic payment, UWCU may terminate this automatic payment agreement and future automatic payments.

By signing below, I acknowledge that I have read this entire agreement, agree to all terms and conditions therein, and 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/credit entries as described above or if necessary adjustments for any transactions credited/ debited in error to my account. 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 3 business days prior to the scheduled payment date. If the notification is verbal (in branch or by phone at (800) 533-6773), UWCU requires verification in writing to be received within 14 days of my verbal notice (in branch or mailed to PO Box 44963, Madison, WI 53744-4963). I also hereby acknowledge receipt of an exact copy of this document.

X _____ _____ /_____ /_____
Account owner 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.*

Original: UW Credit Union 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

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