



Authorization Agreement for Automatic Westerra Loan Payments

New Request

Modify Request

Member Name (Please Print) _____

Westerra Account Number _____

Loan ID _____

Only complete the section(s) that is (are) being modified

Email (Please Print) _____

Daytime Phone _____

Frequency:

Monthly Choose date of the month (1-31): _____

Semi-Monthly Choose two dates of the month: _____ and _____

Bi-Weekly Choose day of the week (Mon-Fri): _____

Weekly Choose day of the week (Mon-Fri): _____

Start Date: _____ Amount: _____

Debiting Financial Institution:

Please verify with debiting institution

Institution Name: _____

Routing & Transit Number: _____

Account Number: _____

Checking Savings

Name(s) on Account: _____

I hereby authorize the initiation of a periodic deduction from my account at the financial institution named above through the Automated Clearing House (ACH) system, and authorize said institution to debit my account for the amount at the frequency set forth above. I acknowledge that this request does not violate the provisions of the United States law as it applies to ACH transactions. I understand I have a right to stop this automatic payment by notifying Westerra Credit Union (WCU), in writing, at least three (3) business days prior to the day the payment is to run. I also authorize adjustment entries in the event of erroneous transactions on my account. I agree to hold WCU harmless for any expenses, including fees, incurred as a result of its inability to process a scheduled preauthorized withdrawal due to: my having supplied incorrect information; its having acted on a stop payment order; closure of the account listed above; or there being insufficient funds in the account I have indicated. I understand that I may be charged a fee if the debit initiated to the above listed account is returned due to non-sufficient funds or for any other reason.

This authorization remains in full force and effect until Westerra Credit Union has received written notification from me of its termination and has had reasonable opportunity to act upon it.

By asking that an automatic payment be skipped, I understand that this does not change the details of my loan agreement. I understand that I am still liable to make my loan payment(s) according to the loan agreement.

Signature _____ Date _____

Signature _____ Date _____

Skip an Automatic Payment

Date to Stop Payment _____

Date to Start Payment _____

By asking that an automatic payment be skipped, I understand that this does not change the details of my loan agreement. I understand that I am still liable to make my loan payment(s) according to the loan agreement.

Skip and Automatic Payment Signature _____ Date: _____

Westerra Internal Use

Date Received: _____ Date Processed: _____ By: _____

OFAC Checked By: _____