WESTconsin CREDIT UNION
PO Box 160 | Menomonie WI 54751-0160

Clear Form

# Electronic Funds Transfer Authorization Form

| TRANSFER FROM MY ACCOUNT AT: | | TRANSFER TO MY ACCOUNT AT: | |
|---|---|---|---|
| Financial Institution | | Financial Institution | |
| Routing Number | | Routing Number | |
| ACH Account Number | | ACH Account Number | |
| Account Type | ☐Checking ☐Savings | Account Type | ☐Checking ☐Savings ☐Loan ☐Mortgage Loan *(Excludes Credit Cards)* |

**Member/Authorized Signer Name:** _____

**Business/Organization Name (if applicable):**

**PLEASE SELECT ONE**: Monthly or Semi-Monthly Transfer Date *(Mortgage Loans not eligible for semi-monthly payments)*

☐1st ☐5th ☐10th ☐15th ☐20th ☐25th ☐1st and 15th ☐5th and 20th ☐10th and 25th

| **Transfer Start Date:** (*Form submitted minimum 14 days prior to start*) | **Transfer Amount – PLEASE SELECT ONE:** *(Mortgage Loan payment must be equal to or greater than monthly payment due)* ☐ $ _____ ☐ Required Loan Payment Amount *(As of received date; fixed amount – does not adjust for LOCs)** |
|---|---|

I authorize *WEST*consin Credit Union (hereafter referred to as *WEST*consin CU) and the financial institution named above to initiate electronic entries to and from ***my accounts that I am authorized to transact on***. I understand that *WEST*consin CU needs this signed authorization form at least **FOURTEEN (14) days** before my first transfer can begin. **Should my other financial institution reject *WEST*consin CU's prenote for account verification, I will be required to provide *WEST*consin CU a voided check or written verification from my other financial indicating my valid account number. No transfers will begin until I provide the requested documentation. I understand that this could cause a delay in payments to my account if I do not provide complete and accurate information.** I further understand that I may be subject to a non-sufficient funds (NSF) fee if an item is returned. If at any time my account falls below its current good standing, it is at *WEST*consin CU's discretion to continue or terminate this agreement.

**Holidays/Weekends**. Federal Holidays and weekends (Saturday to Sunday) are non-business days. I understand that my transfer will take place on the business day **BEFORE** the scheduled transfer date if the transfer date falls on a weekend or a Federal Holiday.

**Changing/Skipping/Cancelling Authorization**. I understand that this authorization will remain in effect until I notify *WEST*consin CU by calling (800) 924-0022 or visiting a *WEST*consin CU office during normal business hours that I wish to change, request to skip a transfer, or to cancel this authorization. I understand that *WEST*consin CU requires at least **THREE (3) business days** prior notice before the scheduled transfer date in order to change, skip, or cancel this authorization. However, if changing account information at the other Financial Institution, I will provide notice at least **FOURTEEN (14) days** in advance to allow for account verification.

***WEST*consin CU Loan**. If this transfer is applied directly to a *WEST*consin CU loan for repayment and I do not request the transfer to be cancelled in the manner specified above, the transfer will automatically be stopped one (1) month after the loan is paid in full. I understand that any loan overpayments will be credited to my *WEST*consin CU Membership Savings account.

*****If this transfer is for repayment of a *WEST*consin CU mortgage loan, I will be notified of a payment increase due to Escrow/ARM adjustments via USPS mail at least 10 days before the change is effective and my transfer amount will be automatically increased to the minimum amount due.

**Non-*WEST*consin CU Loan**. If this transfer is for repayment of a non-*WEST*consin CU loan, I understand that I must notify *WEST*consin CU in the manner specified above at least **THREE (3) business days** before my scheduled transfer date to cancel the authorization. I further understand that *WEST*consin CU is not responsible for any loan overpayments and that it is my responsibility to contact the other financial institution for a refund of any overpayments.

*WEST*consin CU shall be held free and harmless from and against any claims, demands, actions or suits, whether groundless or otherwise. I indemnify *WEST*consin CU for any and all liabilities, losses, damages, costs, charges and other expenses that *WEST*consin CU may incur, arising out of this agreement. **I also certify that I am authorized to transact on both accounts indicated above as an account owner/authorized signer.**

_____ Member Signature

_____ Date

| Employee Use ONLY: | |
|---|---|
| Employee Initials | |
| Copy form & give to member | ☐ |
| Send to Electronic Services | |