LOAN PAYMENT AUTHORIZATION FORM

I hereby authorize Whitefish Credit Union to present monthly debits to the financial institution and account identified below. The monthly debits presented shall be in the amount equal to the sum of the monthly payments under the loan. Payment under the authorization means the regularly scheduled payment due on the identified loan together with any late, return payment, and other fees and changes that may be due on the loan account.

I am aware if the automatic payment is returned for insufficient funds I may be assessed a fee. I understand that my failure to complete the form correctly may result in a delay in implementing automatic debits from the selected account which may cause payment of more interest, and incurred late fees on the loan account if this authorization is for the scheduled payment due on the loan account. This form must be received and processed before preauthorized payments can begin. I understand I must allow at least five business days for this authorization to take effect and that payments must be made on the loan account by some other method if this authorization is not in effect or payment cannot be made from my credit union account for any reason. I am aware that anytime an external transfer is returned non-sufficient or by uncollected funds twice within a month's time, it will not be reinitiated.

WHITEFISH CREDIT UNION LOAN ACCOUNT INFORMATION

Account Name: _____   Account Number: _____   Loan: _____

☐ **INTERNAL MEMBER SETUP/CHANGE-AUTOPAY**

Account Name: _____   Account Number: _____   Share: _____

PAYMENT TYPE (Normal or Off Cycle)

☐ Normal Payment   ☐ Off Cycle Payment
Effective Date: _____   Payment Amount: _____
                                               Frequency: ☐ Monthly ☐ Semimonthly ☐ Biweekly
                                               Effective Date: _____

☐ **EXTERNAL CUSTOMER SETUP/CHANGE-AUTOPAY**

_____   _____
Name of Financial Institution   Account Name

_____   _____   _____
Address of Financial Institution   Debit Account Number   ABA/Transit Routing Number

Coming From: ☐ Checking Account **For checking account only, staple a VOIDED CHECK to the application.
            ☐ Savings Account

PAYMENT TYPE (Normal Payment or Partial Payment)

☐ Normal Payment on Schedule   ☐ Off Cycle Payment
Effective Date: _____   Payment Amount: _____
                                               Frequency: ☐ Monthly ☐ Semimonthly ☐ Biweekly
                                               Effective Date: _____

☐ **CANCELATION/DECLINE**
I hereby decline authorization for Autopay/ACH, on the above account.

MEMBER AUTHORIZATION
Unless terminated sooner, this authorization is to remain in effect until the loan is paid in full. I can terminate this authorization at any time but Whitefish Credit Union must receive notification from me of its termination at least five business days prior to the draft date to afford Whitefish Credit Union reasonable opportunity to act on it. If Whitefish Credit Union does not receive the notice prior to this time, it will be effective as of the next draft date. Whitefish Credit Union reserves the right to discontinue my use of automatic payments if a transaction is denied by the paying financial institution three or more times.

Member Signature: _____   Member Name (Print): _____

Date: _____   Phone Number: _____