



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 charges 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.

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| WHITEFISH CREDIT UNION LOAN ACCOUNT INFORMATION | |
| Account Name: _____ | Account Number: _____ Loan: _____ |
| <input type="checkbox"/> INTERNAL MEMBER SETUP/CHANGE-AUTOPAY | |
| Account Name: _____ | Account Number: _____ Share: _____ |
| PAYMENT TYPE (Normal or Off Cycle) | |
| <input type="checkbox"/> Normal Payment | <input type="checkbox"/> Off Cycle Payment |
| Effective Date: _____ | Payment Amount: _____ |
| | Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Biweekly |
| | Effective Date: _____ |
| <input type="checkbox"/> EXTERNAL CUSTOMER SETUP/CHANGE-AUTOPAY | |
| Name of Financial Institution _____ | Account Name _____ |
| Address of Financial Institution _____ | Debit Account Number _____ ABA/Transit Routing Number _____ |
| Coming From: <input type="checkbox"/> Checking Account **For checking account only, staple a VOIDED CHECK to the application. | |
| <input type="checkbox"/> Savings Account | |
| PAYMENT TYPE (Normal Payment or Partial Payment) | |
| <input type="checkbox"/> Normal Payment on Schedule | <input type="checkbox"/> Off Cycle Payment |
| Effective Date: _____ | Payment Amount: _____ |
| | Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Semimonthly <input type="checkbox"/> Biweekly |
| | Effective Date: _____ |
| <input type="checkbox"/> 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: _____