



PO BOX 160 | MENOMONIE WI 54751

ACH Origination Transfer Authorization

I authorize WESTconsin Credit Union to initiate electronic DEBIT/CREDIT entries to my accounts at WESTconsin CU and the Financial Institution indicated below. I understand that this signed authorization form and any other required documentation needs to be received by WESTconsin CU at least **FOURTEEN (14) days** before my first transfer can begin. If I need to make a change, skip a transfer, or cancel, I understand that I need to notify WESTconsin CU **THREE (3) business days** prior to the next transfer date by calling (800) 924-0022 or visiting a WESTconsin CU office. However, if changing account information at the other Financial Institution, I understand that a new ACH Origination Transfer Authorization must be completed and received at least **FOURTEEN (14) days** before the next transfer can take place to allow for account verification.

WESTCONSIN CU ACCOUNT INFORMATION				
Member/Auth Signer Name:		Business/Org Name (if applicable):		
WESTconsin Account #:		Loan/Savings ID: - <small>(Credit Cards excluded)</small>		
Select one: <input type="checkbox"/> Deposit to WESTconsin -or- <input type="checkbox"/> Withdraw from WESTconsin – <small>(For withdrawal proof of other account ownership required)</small>				
Authorization Type: <small>*For cancel or skip, proceed to bottom of form to sign</small>	<input type="checkbox"/> NEW	<input type="checkbox"/> CANCEL/EXPIRE* Effective Date:	<input type="checkbox"/> SKIP* – Date to resume transfer:	<input type="checkbox"/> CHANGE -
MY OTHER FINANCIAL ACCOUNT INFORMATION (Only required for NEW & CHANGE of Other Financial Info)				
Financial Institution Name		Routing Number		Account Number
Type of Account	Select one: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <small>(Cannot advance from loan)</small>			Select one: <input type="checkbox"/> Personal -or- <input type="checkbox"/> Business
TRANSFER INFORMATION				
Transfer Amount <i>Locate correct account type & select appropriate option</i>	WESTconsin Consumer Loan HELOC or Savings ID		Enter <u>set</u> transfer amount: \$ _____	
	<input type="checkbox"/> WESTconsin Mortgage Loan**	<input type="checkbox"/> WESTconsin standard loan payment amount		<input type="checkbox"/> \$_____ Different amount than WESTconsin standard loan payment amount <small>**Mortgage Loan payment must be equal to or greater than monthly payment due and can only be set up for monthly recurring payment</small>
	<input type="checkbox"/> WESTconsin Business Loan	<input type="checkbox"/> WESTconsin standard loan payment amount		<input type="checkbox"/> \$_____ Different amount than WESTconsin standard loan payment amount
Frequency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-Monthly _____ & _____		<input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly
First Transfer Date: _____		NOTE: If transfer date falls on a weekend or Federal Reserve Holiday, ACH Transfer will post following business day		
Payment Amount Adjustment Authorization for ACH Transfers Directly to a WESTconsin Loan				
1. <u>All Non-revolving Loans:</u> The last payment amount to my loan will be for the exact payoff amount and no notice will be sent if the amount is less than my regular transfer amount. When the loan is paid in full the ACH Transfer will be automatically cancelled. 2. <u>Mortgage & Business Loans ONLY:</u> If my "standard" loan payment amount is adjusted for any reason throughout the term of the loan (Escrow/ARM adjustments, etc.), I authorize WESTconsin CU to adjust my ACH Transfer amount to the minimum amount due, unless my transfer amount is already more than the required amount. A written notice of the payment change will be provided to me at least 10 days before the change is effective				

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. All terms and conditions of the Membership and Account Agreement (or if a business, the Business Membership and Account Agreement) apply to this agreement. If at any time my account falls below its current good standing, it is at WESTconsin CU's discretion to continue or terminate this agreement. WESTconsin CU shall be held free and harmless from and against any claims, demands, actions or suits, whether groundless or otherwise. I indemnify WESTconsin CU for any and all liabilities, losses, damages, costs, charges and other expenses that WESTconsin CU may incur, arising out of this agreement.

To withdraw from my WESTconsin CU account, funds must be available in my account by 8:00 a.m. CST 1 business day prior to the ACH Transfer date. I understand that the ACH Transfer may be declined, or I may be subject to a fee, if my account does not have available funds for the ACH Transfer.

I certify that I am an account owner/authorized signer on both accounts involved in this ACH Transfer.

Member Signature: _____

Date: _____

Employee Use ONLY once completed send to Elec Svcs - Payments				
Employee Initials		SC Date:		SC Time:
Copy form & give to member <input type="checkbox"/> IF WITHDRAW FUNDS = Attach proof of other acct ownership <input type="checkbox"/>				