



Make WUHEFCU loans payments from any checking account through AutoPay. You are able to transfer money from any financial institution to your WUHEFCU AutoPay account. Funds will be posted directly to your account on a regular monthly basis. AutoPay transactions are posted on the 15<sup>th</sup> of each month. Simply complete the form below to get started.

**Authorization Agreement Automatic Debit Plan (ACH Debits)**

I (We) hereby authorize Winthrop-University Hospital EFCU, hereafter called WUHEFCU, to establish an AutoPay for me and debit my (our) checking account indicated below at the depository financial institution named below, hereafter called Depository. I understand that my ACH debit will be dated on the day of each month (or the next business day) as indicated below. I further agree that if any debit is dishonored, whether with or without cause or whether intentional or inadvertently, WUHEFCU and the Depository shall be under no liability whatsoever. I agree that if such debit is not honored upon presentation I (we) will be liable for a "returned deposit" fee and WUHEFCU will make no further attempt to collect funds. I understand that I am responsible for making any missed loan payments not collected due to a debit being dishonored. AutoPay has been established solely for convenience and may be terminated or modified by WUHEFCU at any time without notice. You must contact WUHEFCU in writing to stop AutoPay.

New Authorization       Change to Previous       Termination

Amount to be Debited on the 15<sup>th</sup> of each month .....\$ \_\_\_\_\_

Depository Name & Branch (where checking account is located):  
\_\_\_\_\_

Please provide a voided check from this Account.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**This authorization is to remain in effect until WUHEFCU has received written notification from me (or either of us) of its termination in such time and in such manner as to afford WUHEFCU and Depository a reasonable opportunity to act on it.**

Name(s) \_\_\_\_\_ Member # \_\_\_\_\_  
(Please print)

\_\_\_\_\_ Social Security # \_\_\_\_\_  
(Please print)

E-mail address: \_\_\_\_\_ E-mail address: \_\_\_\_\_

WUHEFCU loan account number into which automatic debit is to be applied: \_\_\_\_\_ -16

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**ATTACH YOUR UNSIGNED, VOIDED, PERSONAL CHECK HERE**  
**IMPORTANT: MARK ONE OF YOUR PERSONAL CHECKS VOID AND ATTACH IT TO THIS FORM.**

**CREDIT UNION USE ONLY**  
Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Check Received: \_\_\_\_\_  
Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_ Check Destroyed: \_\_\_\_\_