

Authorization Agreement For Transfer of Funds to Westerra CU Deposit Account

07/13

Member Name (Please Print) _____ Westerra Account Number _____ Share ID _____

- New Request
 Modify Request
Only complete the section(s) that is (are) being modified.

E-Mail (Please Print) _____ Daytime Phone _____

Frequency:

- Monthly: Choose Date of the Month (1-31) _____ and _____
 Semi-Monthly: Choose two dates of the Month (1-31) _____

Start Date: _____ Amount: \$ _____

Debiting Financial Institution:

It is advised that you acquire the following information directly from the debiting institution

Institution Name: _____

Routing & Transit Number _____

Account Number: _____ Checking or Savings

Name(s) on Account _____

I hereby authorize the initiation of a periodic deduction from my account at the financial institution named above through the Automated Clearing House (ACH) system, and authorize said institution to debit my account for the amount at the frequency set forth above. I acknowledge that this request does not violate the provisions of the United States law as it applies to ACH transactions. I understand I have a right to stop this automatic payment by notifying Westerra Credit Union (WCU), in writing, at least three (3) business days prior to the day the payment is to run. I also authorize adjustment entries in the event of erroneous transaction on my account. I agree to hold WCU harmless for any expenses, including fees, incurred as a result of its inability to process a scheduled preauthorized withdrawal due to: my having supplied incorrect information; its having acted on a stop payment order, closure of the account listed above; or there being insufficient funds in the account I have indicated. I understand that I may be charged a fee if the debit initiated to the above listed account is returned due to non-sufficient funds or for any other reason.

This authorization remains in full force and effect until Westerra Credit Union has received written notification from me of its termination and has had reasonable opportunity to act upon it. Westerra Credit Union may terminate this agreement with or without cause, at any time, and without notice.

Signature _____ Date _____

Signature _____ Date _____

Westerra Rep _____ Date: _____

Westerra Internal Use

Date Received _____ Date Processed _____ By _____

OFAC checked by _____