



Pay Your Loan

I hereby authorize Workers' Credit Union to schedule automatic withdrawals from my account at the financial institution named below. I understand that the scheduled withdrawals of my loan payment from my account must comply with the provisions of U.S. Law.

Member Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Daytime Phone No. ____ - ____ - ____

E-mail Address: _____

Loan No: _____ Amount of Withdrawal: \$ _____

Date of First Payment and monthly thereafter: ____/____/____

Frequency of Withdrawal:

Monthly

Account Type:

Savings

Checking

This authorization remains in full force and effect until Workers' Credit Union has received written notification from me (or either of us) of its termination or change in such time and manner as to afford Workers' Credit Union a reasonable opportunity to act on it. Workers' Credit Union is NOT responsible for fees incurred for not canceling in time. External transfers DO NOT automatically cancel when loan is paid off, you must contact WCU. Please allow a minimum of three (3) business days for all changes.

Member Signature: _____ Date: ____/____/____

(Tape Voided Check Here)

Don't have a check? Enter Info Below:

ABA Routing No: _____ Account No: _____

Financial Institution: _____

INTERNAL USE ONLY

Loan No: _____ Effective Date: _____

Date Processed ____/____/____ Processed by _____

Fax: 978-353-4200, ATTN: ACH Department