

WRIGLEY ASSOCIATES CREDIT UNION

Automatic Payment Service – ACH Debit Authorization (Transfers from other institutions to WACU)

WACU Account #: _____ Name: _____

I authorize **Wrigley Associates Credit Union (WACU)** to initiate the following debit entries to my account at the depository financial institution named below, hereafter called FINANCIAL INSTITUTION, and credit my account at WACU. I acknowledge that the origination of ACH transactions to my account must comply under the rules of the National Automated Clearing House Association (NACHA) and with the provisions of U.S. law. Further, I understand this agreement supplements the other terms, conditions and related disclosures associated with my account at WACU, which I have previously received and agreed to.

I also agree to have available funds in my account on the designated date, to effect this transfer. I agree to pay any applicable fees for this service as disclosed in the fee schedule.

Unless this is a one time transfer, this authority will remain in effect until I notify the credit union in writing to stop the deduction. This request must be received at least 3 business prior to the settlement date of the last transaction.

ACH DEBIT AUTHORIZATION (transfers from other institutions to WACU)

FINANCIAL INSTITUTION:

Financial Institution Name _____

City/State/Zip _____ Routing Number _____

Account Number _____ Type of Account: Checking Savings

Effective Date of First Debit* _____ Total Debit Amount \$ _____

Frequency of Debit: One Time Debit Weekly (Friday) Bi-Weekly (Friday) Monthly

Monthly - Day of the month: 1 5 10 12 15 20 25 28

WACU:

Account Number _____ Type of Account: Checking Savings

Allocation of ACH Transaction:

Loan (____)	_____	Regular Shares	_____
Loan (____)	_____	Christmas Club	_____
Loan (____)	_____	Vacation Club	_____
Loan (____)	_____	Special Account	_____
Share Draft	_____	Other: A/C # _____	Suffix _____ Amount _____

Please cancel the above described automatic entry effective as of:

Disclaimer

WACU will make every effort to complete this transaction unless circumstances beyond our control prevent the transfer, despite reasonable precautions that we have taken. All terms and conditions of your account agreement apply to this agreement.

Signed: _____ Date: _____

Credit Union Use Only:

Code as Debit Savings Checking

Entered by: _____ Date: _____ Verified by: _____