

**WISCONSIN LATVIAN CREDIT UNION, INC.**  
PO BOX 510167, MILWAUKEE, WI 53203-0035

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**Direct Payment Authorization Form**

We are pleased to offer you a new service—the Direct Payment Plan. Now you can have your payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

**The Direct Payment Plan will help you in several ways:**

- It's free!
- It saves time – fewer checks to write and mail.
- Helps pay your loan in a convenient and timely manner – even if you're on vacation or out of town.
- Your payment is always on time – it helps maintain good credit.
- It saves postage – many people spend close to \$100 a year on postage.
- It's easy to sign up for, easy to cancel.

**Here's how the Direct Payment Plan works:**

You authorize regularly scheduled payments to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the

specified day. And proof of payment will appear on your statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

All you need to do is:

- 1) Fill in your name.
- 2) Indicate whether your payment will be deducted from your checking or savings account, and fill in the name of your financial institution and location.
- 3) Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.
- 4) Indicate the amount and payment date.

*NOTE: Be sure to sign and date the form!*

**Please complete the information below (please print).**

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I \_\_\_\_\_ authorize THE WISCONSIN LATVIAN CREDIT UNION, INC. to initiate electronic debit entries from my:

\_\_\_\_\_ checking account (or) \_\_\_\_\_ savings account

FINANCIAL INSTITUTION NAME \_\_\_\_\_

FINANCIAL INSTITUTION CITY AND STATE \_\_\_\_\_

FINANCIAL INSTITUTION ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER AT FINANCIAL INSTITUTION \_\_\_\_\_

for payment of my CU loan # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

on the \_\_\_\_\_ (date) of each month (not later than the due date).

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_