

AUTHORIZATION FOR AUTOMATIC PAYMENTS

TACU Credit Union
940 N. Superior Ave., P.O. Box 940
Tomah, WI 54660 ~ (608) 372-4736

I authorize Tomah Area Credit Union and the bank named below to initiate entries to my loan. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the credit union a reasonable opportunity to act on it. I can stop payment of any entry by notifying you or my bank 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my bank statement or 46 days after posting, whichever occurs first.

Member's Name: _____

Last 4 digits of Social Security number: _____

Member's Address: _____

Name of Financial Institution: _____

Address of Financial Institution: _____

Routing Number: _____

Checking Account #: _____ *or* Savings Account #: _____

Dollar Amount: _____

Date of Each Transaction: _____ Date of First Transaction: _____

Account to be credited at Tomah Area Credit Union: _____

Member's Signature

_____ Date

****Signature needed on back also. ****

**** Please Attach a Voided Check or Deposit Slip ****

CREDIT REPORT AUTHORIZATION

As used in this document, the words “you” and “your” mean the individual signers listed below and the words “we” and “us” mean the financial institution.

We may need to verify your creditworthiness for the purpose of initiating Automatic Credit Payments through the Automated Clearing House system.

You understand that we have a current need to review your creditworthiness as an individual. By signing below, you authorize us to check your credit account and employment history and/or have a credit reporting agency prepare a credit report on you.

Signature Date Signature Date

I HEREBY DECLARE THAT I WISH TO REVOKE THE AUTHORIZATION FOR AUTOMATIC PAYMENT AS DESCRIBED ABOVE.

Signature Date

For Office Use Only

The following method(s) were used to determine a credit exposure limit for this member.

- Overdraft Protection Program Approval – limit \$300
- Credit Risk Rating Score _____
- Financial Statement
- Income Tax Review
- Credit Bureau Report
- Overall Member Relationship

The credit exposure limit has been set at _____.

Loan Officer Signature Title Date

Employee Signature Title Date

For Accounting Use Only: Setup _____ Verified _____ Verified on Forza _____ Deleted _____ Ln Pd/Cancelled _____
