



Loan Autopay Agreement

(Clearing the ACH Network)

SECTION 1: Member information at Connexus

Member Name: _____

Member Number: _____ Loan Number: _____

SECTION 2: What is being requested? (Please select all that apply)

- A New Payment Set-Up
- A Change in the Date of a Current Payment
- A Change in the Amount of a Current Payment
- A Change in the Financial Information the Payment is pulling from
- *A One-Time Payment

SECTION 3: What is the frequency, amount and date of first loan payment?

Frequency of payment: (Only Check One)

- Weekly- *Must begin 4 weeks prior to the monthly due date to satisfy the monthly payment.*
- Bi-Weekly Amount- *Must begin 2 weeks prior to monthly due date to satisfy the monthly payment.*
- Semi-Monthly- *Allowed semi-monthly options: 1st & 15th OR 10th & 25th, must begin 15 days prior to monthly due date to satisfy monthly payment.*
- Monthly

Amount of payment: _____

Date first payment is to begin on: _____

*IF One-Time Payment is selected. Amount of payment: _____ Date of Payment: _____

SECTION 4: What is the account information the payment is transferring from?

Account Type: Checking* Savings **If transfer is from a checking account please include a copy of the voided check for account*

Name of Financial Institution: _____

Routing Number (ABA): _____ Financial Institution Phone Number: _____

Account Number: _____

Name of Account Holder: _____

Section 5: Disclosure

*Note: Debit Origination will occur on the date indicated in this agreement. If this date falls on a Saturday, Sunday or Federal holiday this transfer will automatically be made on the following business day. Credit Settlement may take up to two business days from this date.

I (We) hereby authorize Connexus Credit Union (Connexus) to initiate Debit / Credit entries to my (our) account(s) as indicated above and the Financial Institution name above ("Financial Institution") to debit/credit the same to such account. I (we) agree to have available funds in my (our) account on the designated date to effect this transfer. I (we) agree to pay any applicable origination or cancellation fees for this service as disclosed in the Fee Schedule. This authority will remain in effect until I (or either of us) notify Connexus in writing at least 5 business days prior to the next settlement date, or when the loan repayment period has ended and the contract is deemed paid in full, as applicable. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. Connexus will make every effort to complete this transfer 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.

If Connexus makes a debit/credit from my/our checking/savings account in error, I (we) must call or write to Connexus no later than 60 days after Connexus mailed by account statement in which the error appeared. Connexus may cancel this agreement at any time. I/we acknowledge having been provided a copy of this agreement. I may stop payments by writing to: Connexus Credit Union, ATTN: Deposit Operations Department, PO Box 8026 Wausau, WI 54402-8026. Stop payments must be received no later than 3 days prior to the transfer.

SECTION 6: Signature Acknowledgement

(Signature of account holder in SECTION 4)

(Date)

Return Completed form to: Fax #: 715-870-2699 or Mail: PO Box 8026, Wausau WI 54402-8026



Connexus Credit Union NMLS # 649316

Federally insured by NCUA

Credit Union Use ONLY: Forward the completed form to the Electronic Funds

Keyed: _____ Verified: _____