



Westminster Federal Credit Union

9053 Harlan Street, Suite-10, Westminster, CO 80031
Phone (303)427-6466 Fax (303)427-5116 www.wfcu.com

Authorization Agreement For Direct Payments (And Debits)

To sign up for Autopay, please complete this form and include a **voided check** to have the payment withdrawn from your checking account or a deposit slip to have the payment withdrawn for your savings account. It could take up to 2 weeks for Autopay to be effective. Until you verify that this service has been set up, please continue to mail your monthly payment.

This form may be emailed, faxed to 303-427-5116 or mailed to:

Westminster Federal CU
9053 Harlan Street, Suite 10
Westminster, CO 80031

To/From:

Your Bank Name: _____

Street _____

City _____ State _____ ZIP _____

Routing Number _____ Account Number _____

Loan Account # _____

Name(s) _____

(Please Print)

To/From:

I authorize Westminster Federal CU and the bank named above to deduct monthly payments from my (checking / Savings) account # _____ for the amount of my monthly loan payment \$ _____ for loan account # _____, loan suffix # _____.

The effective date will be (before/ or after) payment is due. _____, 20__

The automatic payment will remain in effect until I notify Westminster FCU in writing to cancel this service, or my account is paid in full.

Written notice of intent to stop any payments, must be received by Westminster Federal Credit Union at least 5 business days prior to my payment due date.

Thank you for signing up for AutoPay.

Date

Signature