



Utilities
Employees
Credit Union

AUTOPAY AUTHORIZATION AGREEMENT

Yes, I would like to have my Utilities Employees Credit Union (UECU) loan payment made automatically.

Name _____

UECU Account # _____

Loan # _____

Payment Amount _____

Payment Frequency _____

First Payment Date _____

Please select one of the following options:

I would like my payment made from my UECU Checking Account # _____

I would like my payment made from my UECU Share Account # _____

I would like my payment made from another financial institution. I hereby authorize UECU to initiate the electronic transfer of my UECU loan payment from my account at the Financial Institution named below.

Financial Institution _____ ABA/Transit Routing Number _____

City _____ State _____ Zip _____ Account Name _____

Select one: _____ Checking _____ Savings _____ Account Number _____

(Please include a voided check or deposit slip for this account-you need not include this if provided for this account with a previous Autopay Authorization Agreement)

It is understood and agreed that: This authority is to remain in effect until UECU has received written notification from me of revocation in such a time and manner as to afford a reasonable opportunity to act on termination. Notifications can be made to UECU via fax (610-927-4029) or mail to: P. O. Box 14864, Reading, PA 19612-4864. I further understand that UECU and/or my financial institution reserve the right to terminate the Autopay and/or my participation in it at any time. Available funds sufficient to cover the payment amount must be in the account named above on the payment date.

Signature _____

Date _____

Home Phone () _____ Work Phone () _____

E-Mail address _____

Please mail to: Utilities Employees Credit Union, P. O. Box 14864, Reading, PA 19612-4864

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS