

WISCONSIN LATVIAN CREDIT UNION, INC.

Direct Investment Authorization Form

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

The Direct Investment Plan will help you in several ways:

- It saves time – fewer checks to write and mail.
- Helps you save consistently in a convenient manner – even if you're on vacation or out of town.
- 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 Investment Plan works:

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

proof of deposit 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. The Direct Investment 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) Mark the box before the type of account to indicate whether your investment will be deducted from your checking or savings account.
- 2) Fill in your name, financial institution name and location, and date.
- 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.

NOTE: Be sure to sign the form!

Please complete the information below (please print).

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

_____ checking account (or) _____ savings account

for investment to my share account in the amount of \$ _____ on the _____ (preferred date) of each month.

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.

FINANCIAL INSTITUTION NAME _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

FINANCIAL INSTITUTION CITY AND STATE _____

SIGNATURE _____ Date _____