

WISCONSIN LATVIAN CREDIT UNION, INC.

Direct Deposit/Withdrawal Authorization Form

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

Direct Deposit will help you in several ways:

- It saves time – no check(s) to deal with.
- It's easy to sign up for, easy to cancel.

Here's how Direct Deposit works:

You authorize a deposit to your checking or savings account from your share account. Then, just sit back and relax. Your deposit will be made automatically on the specified day. And proof of deposit will appear on your statement.

The authority you give will remain in effect until you notify us in writing to terminate the

authorization. Direct Deposit 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 funds will be deposited to your checking or savings account.
- 2) Fill in your name, financial institution name, and date.
- 3) If you'd like us to send you a notification approximately 2 days before each transaction, fill in your e-mail address.
- 4) 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 and credit entries to my:

_____ checking account (or) _____ savings account

from my share account in the amount of \$ _____.

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 _____

ROUTING # _____ ACCOUNT # _____

PRINT NAME _____

SIGNATURE _____ Date _____