

Western Division Federal Credit Union  
6750 Main Street • Williamsville, NY 14221  
Ph: (716) 632-9328 • Fax: (716) 632-1383  
www.westerndivision.org

## LOAN PAYMENT AUTHORIZATION

This free-service will initiate automatic scheduled payments to your Western Division loan. Note: If the payment processing date/frequency falls on a weekend or federal holiday, the request will be processed the business day before that weekend or federal holiday.

### WESTERN DIVISION MEMBER INFORMATION

Member Name: \_\_\_\_\_

Member/Account #: \_\_\_\_\_ Loan Suffix #: \_\_\_\_\_

Regular Payment \$: \_\_\_\_\_ (or)  Specify Payment \$: \_\_\_\_\_ (excludes HELOC; VISA; LOC)

Payment/Frequency:  Monthly  Semi-monthly  Bi-weekly  Weekly

Debit my other Financial Institution Account that is already on file with Western Division for payment.  
Confirm Last 4 numbers of other Financial Institution Account: \_\_\_\_\_.

Please set-up and Debit my other Financial Institution Account information below for payment.

### OTHER FINANCIAL INSTITUTION INFORMATION

Name on Account: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

Account to Debit:  Checking Account  Savings Account

**REQUIRED: Provide documentation as proof of your Financial Institution account: Account Statement or Voided Check (A Debit Card is not acceptable). Proof MUST include your Name and Account #. Send by: Text (716) 632-9328; Fax (716) 632-1383 or memberservice@westerndivision.org or branch location.**

I am authorized to make this request and authorize Western Division to initiate debit entries (ACH) to the account(s) listed above, of which I certify that I am an authorized account holder. I further authorize Western Division to initiate correcting entry(s) and adjustment(s) for any transactions processed in error using the account information provided, or for transactions that are returned unpaid, for which a Return Item Fee will be assessed. The terms of the Western Division Membership and Account Agreement and EFT Agreement are incorporated into this Authorization.

I certify that all information above is correct and accurate. I understand that this Authorization will remain in full effect until Western Division receives written notification from me of its termination is such time as to afford reasonable opportunity to act on it.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_