

WAWA EMPLOYEES CREDIT UNION
260 W BALTIMORE PIKE
WAWA, PA 19063-5699
PHONE 610-358-8030 - FAX 610-358-8289

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Account Holder Name: _____

Loan Account Number: _____

Payment Amount: _____

Every Month on the _____ Day of the month

OR

Every Week on Monday / Tuesday / Wednesday / Thursday / Friday

Beginning on: _____

I (we) hereby authorize Wawa Employees' Credit Union, hereinafter called COMPANY, to initiate debit entries to my (our)

Checking Account / Savings Account (select one) indicated below at the depository financial institutions named below ("DEPOSITORY"). I (we) acknowledge that the ACH transactions authorized herein shall comply with all applicable U.S. law.

Depository
Name _____

Routing Account
Number _____ Number _____

This authorization is to remain in full force and effect until COMPANY has received notification from me (or either of us) of its termination in writing by mail to Wawa Employees' Credit Union, 260 W Baltimore Pike, Wawa, PA 19063-5699 or by fax at 610-358-8289 and received at least three (3) days prior to the proposed effective date of the termination of authorization.

Name(s) _____
(Please Print)

Date _____ Signature _____