

ACH AUTHORIZATION FORM

Landmark Credit Union Information

Account Number	
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Payment Information

Minimum payment must be made on or before your due date every month. It may take up to 10 days to set up ACH. If your due date is less than 10 days away, please make other payment arrangements

I (we) wish for this transaction to take place starting on: *
and to recur (check one box below):

	Monthly	Weekly	Bi-Weekly		
Payment Amount	\$	Additional to Principal	\$	Total Payment	\$

*Monthly payments occurring on the 29th-31st day of each month shall be debited on the last day of any month in which the scheduled payment date does not exist. Weekly payments shall be debited on the same day of each consecutive week after the first debit. Bi-Weekly payments shall be debited every 14th calendar day after the first debit. If a scheduled payment falls on a non-business day, it will be processed on the following business day.

Directive and Instruction of Landmark Credit Union

I (we) hereby authorize Landmark Credit Union as my (our) agent to debit the account identified which is held in my (our) name at the Other Financial Institution for the amount listed in this authorization and apply the debited amount to the Account or Loan as indicated herein.

I understand that the loan payment may change based on estimated forced placed insurance premiums, and authorize Landmark Credit Union to withdraw the adjusted amount after it has been disclosed to me in writing. I (we) understand that if this is a mortgage payment, the amount may change based on estimated property taxes, insurance premiums, rate changes, and other annual charges and authorize Landmark Credit Union to withdraw the adjusted amount after it has been disclosed to me (us) in writing. I also agree extra to principal payments will continue as a set amount regardless of the increase or decrease in the payment, unless I instruct Landmark Credit Union otherwise in writing. I further authorize Landmark Credit Union, if necessary to make any credit adjustments or debits made in error to the account referenced herein and to debit and/or credit the same to such account.

I (we) may revoke or amend this authorization at any time by delivering a written notice to Landmark Credit Union using the ACH address shown below, Digital Banking secure chat, visiting a local Landmark Credit Union branch or by calling (262) 796-4500. I understand that it may take up to 10 business days for the requested revocation or changes to take effect.

Other Financial Information

Name of Financial		Account Holder Name(s)			
Routing Number		Account Number		Account Type	

Signature of Account Holder(s) _____ Date _____

_____ Date _____



Please return the completed form to a Landmark Credit Union to set up your ACH payment(s) or mail form to:

Landmark Credit Union
 ATTN: ACH Department
 PO Box 510870
 New Berlin, WI 53151-0870

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