

CentralAlliance Credit Union's AUTOCASH PAYMENT PLAN

Now you can authorize regularly scheduled payments to be made from your checking account. Then, just sit back and relax. Your payments will be made automatically on either the 1st, 15th, 30th of each month, or weekly or bi-weekly Fridays. Proof of the payment appears on your CentralAlliance Statement of Account.

Once your account is set up for AUTOCASH PAYMENTS *it will remain in effect until you notify us in writing to terminate the authorization. If you would like to change the amount of the payment, you can contact our Accounting Department by phone 920-720-2572 between the hours of 8:30 a.m. – 4:30 p.m.*

The AUTOCASH PAYMENT PLAN is an easy and convenient way to make insurance payments, mortgage payments, health club payments and more. Take advantage of this GREAT SERVICE and complete the bottom portion of this authorization form to get started.

I authorize CentralAlliance Credit Union and the financial institution named below to initiate variable entries to my checking account. This authority will remain in effect until I notify CentralAlliance in writing to cancel it in such time as to afford the credit union a reasonable opportunity to act on it (minimum 3 days). I can also stop the payment of any entry by notifying CentralAlliance 3 days before my account is charged. The cost of a stop payment is \$15.00. I can have the amount of an erroneous charge immediately credited to my account up to 60 days following issuance of my CentralAlliance statement.

In the event that a payment is returned to us due to insufficient funds, this automatic payment plan will be revoked.

WITHDRAWAL INFORMATION

Name of financial institution _____

Address of financial institution _____

Account Type to withdraw from: _____ Account Number: _____

Routing Number of financial institution (9 digits) _____

The cost for withdrawals from a CentralAlliance account is \$3.00 per transaction.

Member Name(s) as they appear on statement

Member's address as it appears on statement

DEPOSIT / PAYMENT INFORMATION

Name of financial institution _____

Address of financial institution _____

Account Type to deposit or credit: _____ Account Number: _____

Nqcp"Number _____ Start Date _____

Routing Number of financial institution (9 digits) _____

Date to make transaction: _____ 1st _____ 15th _____ 30th _____ Weekly Friday _____ Bi-Weekly Friday

Dollar Amount \$ _____

IMPORTANT: If the date specified is the 15 th or 30th and it falls on a weekend or holiday, the transaction will happen on the business day before. If the date specified is the 1st and it falls on a weekend or holiday, the transaction will happen on the business day after.

Member's daytime phone number "aaaaaaaaaaaaaaaaaaaaaaaaa

Home Email Address _____

Member(s) Signature _____ Date _____

AUTOCASH PAYMENT PLAN

A convenient, time saving way to make recurring payments.

Autocash Payment Plan Authorization – The accounts listed within are covered by their individual terms and conditions, unless modified by this Authorization. If a transfer is made from a savings/share savings account or an interest bearing checking/share draft account, we may require 7 days written notice of withdrawal. This Authorization will remain in effect until terminated by the member who has completed this Authorization.

You agree to keep enough money in your Debited Account to cover the transfers you request by this Authorization. If your Debited Account balance is insufficient to cover the transfers you authorize, we may cancel this Authorization immediately without notice. We may use our rights and remedies under applicable law and our rules and regulations governing these types of accounts. These may include returning your electronic transactions unpaid and closing your account(s) by mailing a proper notice to you with a check or draft equal to the balance of the account.

You agree, in consideration of this service rendered by us, to indemnify (repay us for any loss) and hold us harmless (release us from any responsibility) from any liability or loss due to the dishonor of any electronic transaction presented. The liability or loss covered may include both a charge made or refused to be made by us under this Authorization. You agree to follow the rules that govern your account(s) as stated on your account agreement and as amended from time to time. We may take any security measures that we believe are necessary (such as recording telephone transfer conversations) without notice to you.

AMENDMENTS AND TERMINATION – We will give you reasonable notice when we amend this Authorization. If this Authorization needs to be amended because of a change in State or Federal law, the change shall be effective immediately without notice. We may terminate this Authorization by giving you written notice at the address stated on our member file. Any notice will be effective immediately when mailed or delivered by us. Notice to any one of you is notice to all of you.

Member's Signature _____ Date _____

Application enclosed. If you have any questions call
1-800-236-5228 or 920-720-2572 and ask for the Accounting
Department. Monday through Friday between the hours of
8:30 a.m. and 4:30 p.m.