

# A

## FORM A: Revocation of Prior Authorization and Authorization for Automatic (Direct) Deposit

Company Name & Address: \_\_\_\_\_

I/we revoke all prior authorizations of the Company (identified above) to initiate credit entries to any of my/our accounts at any financial institution. I/we authorize the Company to initiate credit entries, and to initiate any debit entries needed to correct erroneous credit entries, to my/our Account (identified below) at the Financial Institution (identified below) for the purpose of automatically depositing funds in the account. I/we acknowledge that the origination of these transactions must comply with U.S. law.

Account:  Checking/Share Draft  Savings/Share Savings  \_\_\_\_\_

Account Number: \_\_\_\_\_ Taxpayer Identification Number: \_\_\_\_\_

### Financial Institution Name, Address, and Routing Number:

Central Wisconsin Credit Union, 1301 Post Rd., Plover, WI 54467  
Routing Number 275982005

This authorization will remain in effect until the Company and Financial Institution have received written notification from me (or either of us) of its termination in such a manner as to afford the Company and Financial Institution a reasonable opportunity to act on it. No other means of notification is permitted.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

**Submit the original to the Company, a copy to the institution that had your old accounts, and a copy to the Financial Institution. Retain a copy for your files. Photocopies of this signed document may be made as required for this purpose only.**

**FORM B: Revocation of Prior Authorization and  
Authorization for Preauthorized Payments**

**Company Name & Address:**

\_\_\_\_\_

I/we revoke all prior authorizations of the Company (identified above) to initiate preauthorized payments from or debit entries to any of my/our accounts at any financial institution. I/we authorize the Company to initiate debit entries to my/our Account (identified below) at the Financial Institution (identified below) for the purpose of accomplishing the following preauthorized payments:

**Amount:**  \$ \_\_\_\_\_  May vary  May not exceed \$ \_\_\_\_\_

Regarding any right I/we have to receive notice at least 10 days prior to the due date of any payment of a varying amount, I/we choose to receive this notice  ONLY when the amount of my/our payment falls outside the range of \$ \_\_\_\_\_ to \$ \_\_\_\_\_.  
 ONLY when the amount of my/our payment differs from the most recent payment by more than \$ \_\_\_\_\_.

**Frequency:**  Weekly  Monthly  \_\_\_\_\_

**Termination Date (Optional):** \_\_\_\_\_

**Account:**  Checking/Share Draft  Savings/Share Savings  \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Taxpayer Identification Number:** \_\_\_\_\_

**Financial Institution Name, Address, and Routing Number:**

Central Wisconsin Credit Union, 1301 Post Rd., Plover, WI 54467  
Routing Number 275982005

My/our Account will remain subject to the account agreement terms and conditions not modified by this authorization. I/we acknowledge that the origination of these transactions must comply with U.S. law. This authorization will remain in effect until the termination date stated above or until the Company and Financial Institution have received written notification from me (or either of us) of its termination in such manner as to afford the Company and Financial Institution a reasonable opportunity to act on it. No other means of revocation is permitted.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

**Submit the original to the Company, a copy to the institution that had your old accounts, and a copy to the Financial Institution. Retain a copy for your files. Photocopies of this signed document may be made as required for this purpose only.**

**FORM C: Automatic Transfer Authorization**

**Financial Institution Name, Address, and Routing Number:**

Central Wisconsin Credit Union, 1301 Post Rd., Plover, WI 54467  
Routing Number 275982005

I/we authorize the Financial Institution (identified above) to make transfers between my/our accounts (identified below) at the Financial Institution as set forth below:

**From:**  Checking/Share Draft  Savings/Share Savings  \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**To:**  Checking/Share Draft  Savings/Share Savings  
 Installment Loan  \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**As Follows:**

Periodic Transfers

**Amount to be Transferred:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_ **Termination Date:** \_\_\_\_\_

**Frequency:**  Weekly  Monthly  \_\_\_\_\_

Insufficient Funds Transfer

When I/we overdraw the account to which transfers are to be made, transfers will be made as needed to cover the overdraft. You authorize the Financial Institution to charge a fee of \$5.00 to the account from which transfers are made for each such transfer.

The authorization to make transfers provide herein does not create an obligation on the part of the Financial Institution to make such transfers. My/our accounts with the Financial Institution will remain subject to their account agreement terms and conditions not modified by this authorization.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

**Submit the original to the Financial Institution and retain a copy for your files.  
Photocopies of this signed document may be made as required for this purpose only.**

FORM D: Notice to Close Accounts and Terminate Authority to Make Transfers

**Institution Name and Address:** \_\_\_\_\_

By this notice I/We close the following accounts at the institution (identified above) and revoke any authority the Institution has to make transfers between my/our accounts:

Checking/Share Draft     Savings/Shares Savings     \_\_\_\_\_

**Account Number:** \_\_\_\_\_

Checking/Share Draft     Savings/Shares Savings     \_\_\_\_\_

**Account Number:** \_\_\_\_\_

Checking/Share Draft     Savings/Shares Savings     \_\_\_\_\_

**Account Number:** \_\_\_\_\_

Checking/Share Draft     Savings/Shares Savings     \_\_\_\_\_

**Account Number:** \_\_\_\_\_

All my/our checks/share drafts have cleared the listed accounts, and I/we have revoked all authorizations for direct deposits to and preauthorized payments from such accounts. The Institution shall send all account balances to me/us.

\_\_\_\_\_

(Signature)

(Signature)

\_\_\_\_\_

(Print Name)

(Date)

(Print Name)

(Date)

**Submit the original to the institution that had your old accounts and retain a copy for your files. Photocopies of this signed document may be made as required for this purpose only.**