



2669 Post Road | Warwick, RI 02886 | greenwoodcu.org | 401-739-4600

Automatic Payment

GCU AutoPay ensures on time payments and provides convenience and peace of mind by automatically withdrawing your loan payment from your checking or savings account, safely and on time, every month.

Once enrolled, all you have to do is ensure there are sufficient funds in your account to cover the payment amount on the date due. If you choose to discontinue AutoPay at any time, simply submit a written cancellation request within 10 days of the payment due date to the mailing address below and resume sending monthly payments.

To sign up for this free service:

1. Complete the information requested below.
2. Sign and date the AutoPay Authorization Agreement. ***All buyers must sign the Authorization***
3. For checking account enrollment, attached a copy of a voided check. For savings account, provide an account confirmation letter from your financial institution.
4. Mail this form and account verification to the address below:

Greenwood Credit Union
Indirect Lending Department
2669 Post Road
Warwick, RI 02886

Member Name: _____ **GCU Loan Account #:** _____

Monthly Payment Amount: \$ _____ **AutoPay Start Date:** _____
(Minimum one day prior to due date)

Financial Institution Name: _____

Financial Institution Address: _____
Street _____
City _____ State _____ Zip _____

Financial Institution ABA/Routing #: _____ Debit from **Checking**
 Debit from **Savings**

Account Number: _____

AutoPay Authorization Agreement

I (We) hereby authorize and request Greenwood Credit Union (GCU) to initiate electronic debit entries to my (our) account at the financial institution listed and I (we) authorize said financial institution to honor the debit entries initiated by GCU and debit such account. This authorization pertains to my (our) GCU account loan number and the schedule of payments described in the related retail installment contract. Furthermore, I (we) understand that I (we) are responsible for overdraft and other service fees related to this transaction in the event that my (our) designated account has insufficient funds available on the date of my (our) regularly scheduled GCU loan payment and that GCU may impose a fee pursuant to the terms of my (our) retail installment contract.

This authority is to remain in full force and effect until the schedule of payments is complete or until GCU and my financial institution have received written notification from me (or either of us) of its termination in such time as to afford both parties a reasonable opportunity to act on it. I (we) also acknowledge that the origination of ACH transactions to my (our) account must comply with U.S. law.

Signature Date Joint Owner Signature Date

FOR OFFICE USE ONLY

Loan Account Number _____ Entered By _____ Date _____