



Automatic Payment Withdrawal Agreement

Email to servicing@wheda.com or fax to 608-467-5025

Customer Name _____

Customer Address _____

City/State/Zip Code _____

Phone Number (daytime) _____

Email address _____

I (we) hereby authorize the Wisconsin Housing and Economic Development Authority, hereinafter called WHEDA, to initiate debit entries, and if necessary credit entries and adjustments made in error to my (our) account at the depository institution listed below.

Withdrawal Date

If the requested Transfer Date is on a non-processing day for us, the transfer will be made on the first processing day following the requested date

My payment should be deducted (check one)

WHEDA (1st) Loan # _____
 1st 5th 10th 16th

*WHEDA (2nd) Loan # _____
 1st 5th 10th 16th 20th 25th

Additional Principal Amount \$ _____
(optional)

Additional Principal Amount \$ _____
(optional)

Total Withdrawal \$ _____

*Date selected must be 15 days before or after the due date

TYPE OF ACCOUNT (select one): **CHECKING**
SAVINGS

Provide a **voided check** with this form

Your financial institution must complete this form

Financial Institution _____

City, State, Zip Code _____

Bank Contact Name _____

Contact Phone Number _____

Transit/ABA Number _____

Account Number _____

Borrower signature

Co-Borrower signature

Date

Date

WHEDA Loan Number

List your complete loan number as it appears on your payment book.

Customer Name, Address, Phone Number

List your name, address, and daytime phone number in case we need to contact you regarding your payment information.

Payment Date

Select which date you would like your payment to be made. For WHEDA first mortgage loans you may select the 1st, 5th, 10th, or the 16th. For WHEDA 2nd mortgage loans (due dates other than the 1st) you may select the 1st, 5th, 10th, 16th, 20th or 25th. The date selected must be within 15 days before or after your due date. If the date you select falls on a weekend or holiday, your payment will be deducted on the next business day.

NOTICE: Allow 1 to 2 weeks for account set-up. You will be notified by letter when this occurs.

Type of Account

This is the type of account to which these funds will be debited/credited.

Financial Institution

The complete name and location of the banking institution where your funds will be debited/credited. Your bank must be an ACH member in order to receive ACH transactions directly. Provide the contact name and telephone number of someone at your bank that WHEDA may contact with any questions.

Transit/ABA Number

This is a unique 9-digit number assigned to your financial institution. This information can be obtained from your bank or by looking at the lower left corner of your preprinted checks. (Credit Unions and Savings Banks have ABA's starting with 275....., Commercial Banks in the Wisconsin area start with 0759..., 0750..., 091..., etc.).

Account Number

The complete number of your account from which we will be directly withdrawing or depositing payments. Check with your bank; ACH transfer account numbers often contain prefix numbers not shown on your checks or account statements.