

**Participation in the WDVA automatic payment feature is limited
to loans on which the monthly payments are up-to-date.**

Borrower's and Co-Borrower's Name, Address, and Phone Number

List your name(s), address, and the phone number you can be reached at during the workday - so we can contact you if we have questions regarding the form.

WDVA Loan #

List your loan number. Example: 33 012345

New Authorization, Account # Change, Depository Change, Other

Indicate whether a new authorization or to change an existing authorization.

Payment Date

Select whether you would like us to deduct your payment on the 1st, 5th, or 10th of each month. If the date you select falls on a weekend or holiday, your payment will be deducted on the next business day.

Beginning Month

Indicate the month you would like the first payment deducted. Please allow approximately 30 days from the date this form is submitted to WDVA for the first payment to be automatically deducted.

Monthly Amount to be Deducted

Indicate the amount to be deducted from your account each month. Please indicate the amount of the monthly installment required by the note, plus any additional amount.

Depository Name and Address

List the complete name and address of the financial institution where your funds will be debited/credited. Your financial institution must be an ACH member in order to receive ACH transactions directly. Check with your personal banker or call WDVA Accounting Staff at (608) 266-3852.

Bank Routing/ABA #

This is a unique 9-digit number assigned to your financial institution. This information can be obtained from your financial institution or by looking at the lower left corner of your preprinted checks. For example, the ABA # of US Bank in Milwaukee is 0750 0002 2.

Account #

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

Type of Account

Please indicate whether a checking or savings account. If the account is a checking account, please attach a voided check for the account.

Return the completed form to:
WDVA Program Accounting
P.O. Box 7843
Madison, WI 53707-7843
or Fax to (608) 261-0178