

AUTOMATED LOAN PAYMENT AUTHORIZATION & AGREEMENT



508 W. State St.
Sycamore, IL 60178
Ph: (815) 895-4541
www.myICCU.org

New Agreement
 Modification of Agreement
 Cancel Agreement

FUNDS TO ILLINOIS COMMUNITY CREDIT UNION FROM ANOTHER FINANCIAL INSTITUTION

ICCU Member Number: _____ 1st of Every Month
 (Example: Member Number 12345)

Loan Number: _____ 15th of Every Month
 (Example: Loan 143)

Amount: _____ 30th of Every Month
 (Must be an actual dollar amount)

Effective Date: _____ Every Friday
 (When payments begin)

Every other Friday
 1st and 15th of Every Month
 Every other Friday
 Recurring ICCU Visa Payment on the Due Date
 Other Date: _____

OTHER FINANCIAL INSTITUTION

Institution Name: _____
Routing Number: _____
Account Number: _____
 Savings Checking

Please check all information for accuracy. Any errors will cause delays in processing your payment(s). Remember to allow up to 3 business days for processing. We are not responsible for late payments or fees due to inaccurate or missing information.

ACH Transactions will be posted on Monday through Friday except on Federal Holidays. ACH transactions scheduled for processing on a date that falls on a Saturday, Sunday, or Federal Holiday will be posted to your account on the PREVIOUS business date. Example: If your ACH transaction is scheduled for the 15th and that date is a Saturday, Sunday or holiday that falls on Monday the transaction will be posted to your account the Friday before the scheduled date.

Originate

I, _____, authorize Illinois Community Credit Union (ICCU) to originate a transaction per the above instructions. I attest that the above information is true and correct and that I am authorized to make withdrawals from the above account. I am aware, as the "Originator" on this agreement, that I must notify Illinois Community Credit Union (ICCU) of any changes or any termination of pre-authorized transfers in writing. I am aware that if my ACH gets returned a \$35 fee will be assessed to my share account. ICCU reserves the right to cancel this agreement if the transaction is returned to us for any reason.

Signature _____ Date _____ Phone _____

Cancel

I, _____, authorize Illinois Community Credit Union (ICCU) to cancel this transaction agreement.

Signature _____ Date _____

Office Use Only	_____	_____	_____	_____
	Processing Employee Name	CU*Base ID	Member SSN	Date