

FIRST ILLINOIS CREDIT UNION

ACH ORIGATION (RECURRING) ACH Automatic Loan Payment / Deposit Authorization

Copies to:
1. Member
2. Accounting
3. Loan Dept.

PLEASE PRINT

First Illinois Credit Union (FICU) PAYMENT INFORMATION: (Check One)

- Deposit funds to (credit) my FICU Account or Loan:
Or
 Pull funds from (debit) my FICU Account:

Member Name: _____
First Last

Member #: (Check One) Checking Savings (credit) Loan # _____

Dollar Amount: \$ _____ Starting Date of first automatic payment: ____ / ____ / ____

Frequency: _____ *example: once a month on the 1st

OTHER FINANCIAL INSTITUTION INFORMATION: (Check One)

- Send funds to (credit):
Or
 Pull funds from (debit) my account:

Name on Account: _____
First Last

Name of Financial Institution: _____

Routing/ABA #: Account #: _____

Account Type: (Check One) Checking Savings (credit) Loan # _____

MEMBER please read before signing:

Payments do not automatically stop once a loan is paid off or an account is closed. Automatic payments will continue until this authorization is cancelled. To cancel this authorization, MEMBER must complete the following steps.

1. Inform FICU a minimum of 7 days prior to next payment date to cancel authorization.
2. Fill out an ACH Origination Cancellation Form.

I hereby authorize First Illinois Credit Union (FICU) to initiate credit/debit entries to my account at FICU and my account at another FINANCIAL INSTITUTION I acknowledge that the origination of ACH transactions to my accounts must comply with the provisions of the U.S. law.

Member Signature: _____ Date: ____ / ____ / ____

****MEMBER PLEASE ATTACH A COPY OF A VOIDED CHECK FROM OTHER FINANCIAL INSTITUTION TO THIS FORM****

FICU Employee: _____ Teller #: _____ Date: ____ / ____ / ____ Time: _____

FOR ACCOUNTING USE ONLY:

Completed By: _____ Teller #: _____ Date: ____ / ____ / ____