

**ACH Origination Agreement for Loan Payments**

**Date to begin ACH Loan Payment Origination:** \_\_\_\_\_

**New Application**       **Change to an Existing Origination Application**       **Cancellation**

**FUNDS TO ILLINOIS COMMUNITY CREDIT UNION FROM ANOTHER FINANCIAL INSTITUTION**

**ICCU Member Number:**

\_\_\_\_\_ (Example: Member Number 12345)

**Loan Number:**

\_\_\_\_\_ (Example: Loan 143)

**Amount**

\$ \_\_\_\_\_ (Must be an actual dollar amount)

1<sup>st</sup> of Every Month or

15<sup>th</sup> of Every Month or

30<sup>th</sup> of Every Month or

Every Friday or

Every other Friday or

1<sup>st</sup> and 15<sup>th</sup> of Every Month or

Recurring ICCU Visa Payment on the Due Date

Other/Date

**OTHER FINANCIAL INSTITUTION**

**Institution Name:** \_\_\_\_\_

**9 Digit Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

Savings       Checking

**Please double check all information for accuracy. Any errors will cause delays in the posting of your transaction. Remember to allow 3 business days for processing.**

**ACH Transactions will be posted on Monday through Friday with the exception of 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 15<sup>th</sup> 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

**ICCU OFFICE USE ONLY**

Request received in branch on: \_\_\_\_\_ (DATE) by: \_\_\_\_\_ (NAME) (PLEASE PRINT)

Request processed on: \_\_\_\_\_ (DATE) by: \_\_\_\_\_ (NAME) (PLEASE PRINT)