ACH Origination Agreement for Deposits, Withdrawals or Loan Payments

All areas marked with an * are required to be filled in.
Forms not completed in full will not be accepted.

☐ **New Application*** **or** ☐ **Change Existing Application***

FUNDS TRANSFER INFORMATION

ICCU **(Please allow 3 business days for processing) – (Saturday, Sunday, & Holidays are not business days)**

☐ **Funds from ICCU to another Financial Institution* or**
☐ **Funds to ICCU from another Financial Institution***

ICCU Member Number: (4-5 digits)

_____* **(Ex: Member Number = 12345)**

Account Number: (1-2 digits) or Loan Number (3 digits)

_____* **(Ex: Loan # = 143 or Checking # = 2)**

Amount

$_____ * **(Must be an actual amount)**

☐ **1st of Month* or**
☐ **15th of Month* or**
☐ **Every Friday* or**
☐ **1st and 15th of Month* or**
☐ **Recurring ICCU Visa Payment on the Due Date* or**
☐ **One-Time ICCU Visa Payment on the Due Date***

OTHER FINANCIAL INSTITUTION

Institution Name:_____ *

Street Address:_____ *

City, State, Zip:_____ *

9 Digit Routing Number:_____ *

Account Number:_____ *

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.

☐ **Savings** ☐ **Checking** ☐ **Loan** ***Required**

Originate

I, _____*, authorize Illinois Community Credit Union (ICCU) to originate a transaction per the above instructions.

_____* _____*
Signature **Date**

Cancel

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, except for one-time transfers.

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

_____* _____*
Signature **Date**

ICCU OFFICE USE ONLY

Origination Received by:_____ Cancellation Received by:_____ Change Received By:_____

Added on (By/Date):_____ Deleted on (By/Date):_____ Updated on (By/Date):_____