



# MID-ILLINI CREDIT UNION

## WHERE DIFFERENT | IS BETTER

Bloomington, Illinois | 309.661.1166 | [www.midillinicu.com](http://www.midillinicu.com) | 800.527.2205

### AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT PAYMENTS (ACH DEBITS)

Depository/Lender Name: **Mid-Illini Credit Union**

Member/Account Number: \_\_\_\_\_ Suffix \_\_\_\_\_

I (We) hereby authorize **Mid-Illini Credit Union** hereinafter called Credit Union to initiate debit entries of:

\$ \_\_\_\_\_ from my (our)

\_\_\_\_ Checking Account \_\_\_\_\_ Savings Account (select one)

Indicated below at the depository financial institution named below, hereafter called Financial Institution, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law and to allow up to 7 business days for set up.

Financial Institution Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Do you want the total withdrawal on the 5<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup>, 20<sup>th</sup>, or 25<sup>th</sup> of the month? \_\_\_\_\_

Or a partial withdrawal on the following two days? Day \_\_\_\_\_ \$ \_\_\_\_\_  
Day \_\_\_\_\_ \$ \_\_\_\_\_

Current loan with MICU? Y N Current due date \_\_\_\_\_

Starting month \_\_\_\_\_ MICU Loan Payment: Loan # \_\_\_\_\_

Routing Number \_\_\_\_\_ Deposit to MICU Checking Account # \_\_\_\_\_

Account Number \_\_\_\_\_ Deposit to MICU Savings Account # \_\_\_\_\_

This authorization will remain in full force and effect until the Credit Union has received written notification from the member of their request to terminate in such time as to afford the Credit Union and the Financial Institution a reasonable opportunity to act on it. This agreement will also terminate by the Credit Union once final payment to pay off the loan is received, as long as the Credit Union has been given sufficient time to stop future debits. It is the Credit Union's intention to only debit the member's financial institution for the amount owed. However, without sufficient time or notice, one additional full payment may originate and Mid-Illini will credit the extra funds to the member's savings account once received.

If the member's intention is to continue payments from their financial institution into their savings account, a new agreement will be required.

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

**PLEASE ATTACH A BLANK, VOIDED CHECK**