

## Authorization Agreement for Preauthorized Loan Payment (ACH Debit – EFT)

**Complete form, sign and return to:**  
*Providing incorrect information or an incomplete form may delay processing.*

**Alliant Credit Union**  
 P.O. Box 66945  
 Chicago, IL 60666-0945

**FAX to: EFT & Checking Operations**  
 773-462-2263

I wish to have my loan payment deducted:     Monthly     Semi-monthly     Biweekly

Member Name \_\_\_\_\_ Member Account Number \_\_\_\_\_

Loan Number \_\_\_\_\_ Payment Amount \_\_\_\_\_ Date to Initiate EFT-ACH \_\_\_\_\_

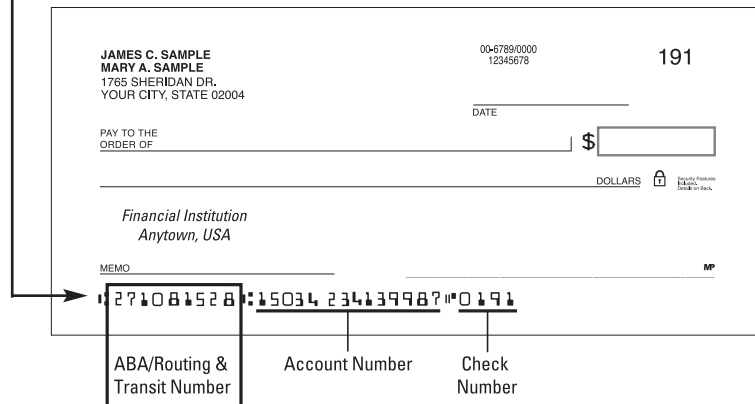
I authorize Alliant Credit Union (Alliant) to initiate scheduled debit and credit entries on the account at the financial institution listed below to pay the Alliant loan specified above. I understand that the amount of the debit will be updated to reflect changes in the payment amount due to interest rate changes in a variable rate mortgage, home equity line of credit, or a line of credit; advances taken against a line of credit; enrollment in Member Assistance Program; participation in any other program, offer or promotion made or approved by Alliant; or as otherwise allowed per my loan agreement. I agree that it may take 30 calendar days to process and initiate this payment method for my loan, and that I must notify Alliant in writing at the address listed above at least 30 days in advance to cancel this payment authorization. I agree that this payment authorization is further subject to terms of Electronic Funds Transfer section of the Alliant Account Agreement & Disclosures, and that Alliant may assess one or more fees for returned items. Refer to [www.alliantcreditunion.org](http://www.alliantcreditunion.org) for the current Fee Schedule and Account Agreement & Disclosures.

Financial Institution Name \_\_\_\_\_ Financial Institution Phone Number \_\_\_\_\_

Account Type: (please check one)     savings    or     checking

Account Number \_\_\_\_\_ ABA/Routing & Transit Number \_\_\_\_\_  
*(9-digit number on bottom of checks or deposit slips)*

I understand and agree that if my account at the depository financial institution listed above does not have sufficient funds to make my loan payment, Alliant will not be responsible or liable for any penalties or charges assessed by any other financial institution as a result of such insufficiency. Alliant will attempt to withdraw my loan payment via EFT-ACH one additional time, though I acknowledge that, in the event Alliant's additional attempt to collect my payment via EFT-ACH are unsuccessful, I must make my loan payment by other means. I understand that Alliant will assess a fee to my loan(s), in addition to any other fees and/or charges, as a result my account at the depository financial institution listed below having insufficient funds. Refer to the current Fee Schedule at [www.alliantcreditunion.org](http://www.alliantcreditunion.org) for a complete list of fees. I agree to notify Alliant in writing at least 30 days in advance to cancel this EFT-ACH payment authorization.




**JAMES C. SAMPLE**  
**MARY A. SAMPLE**  
 1765 SHERIDAN DR.  
 YOUR CITY, STATE 02004

00-6789/0000  
 12345678

191

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

DOLLARS        Security Features Look for this icon.

Financial Institution  
 Anytown, USA

MEMO \_\_\_\_\_ MP \_\_\_\_\_

⑆ 271081528 ⑆ 15034 234139987 ⑆ 0191

ABA/Routing & Transit Number    Account Number    Check Number

Member Signature (required) \_\_\_\_\_ Date \_\_\_\_\_