



**AUTHORIZATION AGREEMENT FOR CREDIT UNION/MEMBER ORIGINATION**

I hereby authorize **First Northern Credit Union** to originate ACH debit and/or credits to the accounts listed below. Adjusting entries to correct errors are also authorized. **This authority will remain in effect until I have changed, canceled or paid off a loan the request needs to be in writing.**

MEMBER NAME: \_\_\_\_\_

\_\_\_ ACH Debit coming from acct. number \_\_\_\_\_ Savings Checking  
at (institution name): \_\_\_\_\_ (Please circle one)

\_\_\_ ACH Credit going to acct. number \_\_\_\_\_ Savings Checking  
at (institution name): \_\_\_\_\_ (Please circle one)

Other Institution's Transit / ABA # \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Circle One:      One-time      Weekly      BI-Weekly      Semi-monthly      Monthly

Start Date: \_\_\_\_\_ Number you can be reached at: (      ) \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this completed form to:**  
**First Northern Credit Union**  
**230 W. Monroe Street, Suite 2850**  
**Chicago, IL 60606**  
**or fax to: 312.332.3177**

FNCU USE	RECEIVED _____	VERIFIED _____	COMPLETED _____	INITIALS _____
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