

FIRST NORTHERN CREDIT UNION

AUTHORIZATION AGREEMENT FOR ACH CREDIT ORIGINATION

Member Name: _____ Member Number: _____

I authorize **First Northern Credit Union** to electronically debit my account (and, if necessary, electronically credit my account to correct erroneous debits) and send a payment as follows:

Please contact First Northern Credit Union to stop your recurring payment

First Northern Account to debit: _____ () Savings () Checking

Financial Institution to receive credit **Amount:** _____

Financial institution Name: _____

Routing # (ABA transit): _____

Acct. number _____ Account Type: () Savings () Checking () Loan

Start Date: _____

Frequency: { } One time (\$10 fee applies) { } Monthly { } Semi-Monthly { } Weekly { } Bi-weekly

I understand that this authorization will remain in effect until I have notified First Northern Credit Union in writing [by either fax (312)332-3177 or mail 230 W Monroe Ste. 2850 Chicago, IL 60606] that I wish to revoke this authorization. I understand that First Northern Credit Union requires at least 3 business days prior notice in order to cancel this authorization. Returned payments will be charged a \$29.00 non-sufficient funds fee.

Signature: _____ Date: _____

For Payment Systems Use:

Processed By: _____ **Date:** _____