

FIRST NORTHERN CREDIT UNION

AUTHORIZATION AGREEMENT FOR ACH DEBIT 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) as follows:

Loan or Share to Credit: _____

Please contact First Northern Credit Union to stop your recurring debit when a loan has been paid off.

Financial Institution to be debited: _____ **Amount to debit:** _____

Financial institution Name: _____

Routing # (ABA transit): _____

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

Start Date: _____

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

Internal Use: For Loan Payments Only

T-Transfer Day(s) of Month (1-31): _____

T-Transfer loan payments can only be set up as a monthly recurring payment, not semi-monthly, weekly or 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:** _____