

FIRST NORTHERN CREDIT UNION

AUTHORIZATION AGREEMENT FOR ACH DEBIT ORIGINATION

(Use this form to withdraw money from another Financial Institution and deposit into your First Northern Account)

FIRST NORTHERN CREDIT UNION LOAN ACCOUNT TO BE CREDITED

Member Name: _____ **Member Number:** _____ **Loan #:** _____

I authorize **First Northern Credit Union** to electronically debit (withdrawal funds from) my account at the institution noted below (and, if necessary, electronically credit my account to correct erroneous debits) as follows and credit (deposit funds) into my account at First Northern Credit Union.

FINANCIAL INSTITUTION TO BE DEBITED

Financial Institution Name: _____ **Routing # (ABA transit):** _____

Acct. Number: _____ **Account Type:** () Savings () Checking

Amount to Debit: _\$ _____ **Day of Month:** _____ **Starting on:** _____

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

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:** _____