



1450 Maple Ave. | 4720 Main St. | Lisle, IL 60532 | 630.852.3710
 lislebank.com

ACH Loan Payment Authorization

Account Holder Information	
Name	
Address	
City, State, Zip	Daytime Phone #

Transfer Information	
First Transfer Date _____ <i>Loan transfers can be made on either the 1st or 10th</i> <i>HELOC transfers can be made on the 11th</i>	Loan Number _____ Submitted by Teller# _____ Transfer Number _____
Principal & Interest Payment \$ _____ Current Escrow \$ _____ Surplus \$ _____ Total Transfer \$ _____	<input type="checkbox"/> Eliminate Surplus <input type="checkbox"/> Add Surplus <input type="checkbox"/> Change Surplus to \$ _____

Financial Institution Information	
<i>To ensure accuracy please attach a copy of a voided check</i>	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Financial Institution Name	Phone Number
Financial Institution's Address	
Transit Routing Number (9 digits)	Account Number

Authorization	
Until this authorization is revoked in writing by either of us, I (we) authorize Lisle Savings Bank to initiate an ACH debit to pay my (our) monthly loan payment. However, Lisle Savings Bank reserves the right to cancel this funds transfer service at any time. I also authorize Lisle Savings Bank to reverse any erroneous entry to the above account, in accordance with the rules of the National Automated Clearing House. The undersigned shall have the sole responsibility for maintaining a sufficient available account balance to satisfy the monthly payment as of the business day prior to the transfer date. A transfer will be attempted twice. In the event there are insufficient funds to make such payment, the undersigned agrees to make the payment, plus any applicable item charge(s). If more than your regular payment is owed, the transfer will collect the total amount due. The undersigned shall have the sole responsibility to timely notify Lisle Savings Bank if the above reference loan has been re-paid or if the undersigned changes account information.	
Signature	Date
Signature	Date

Termination	
I (we) hereby terminate this authorization for transfer of funds described above.	
Signature	Date
Signature	Date