



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

Internal Loan Payment Authorization

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

Transfer Information			
First Transfer Date	Loan Number	Debit Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Debit Account Number
Principal Interest Payment \$	<input type="checkbox"/> Eliminate Surplus <input type="checkbox"/> Add Surplus <input type="checkbox"/> Change Surplus to \$	Submitted by Teller	
Current Escrow \$		Completed by Teller	
Surplus \$		Transfer Record #	
Total Transfer \$		<i>Transfers may only be made either on the 1st or the 15th HELOC transfers on the 11th</i>	

Authorization	
<p>Until this authorization is revoked in writing by me (either of us), I (we) hereby authorize Lisle Savings Bank to initiate an internal funds transfer debit to pay my (our) monthly loan payment. However, Lisle Savings Bank reserves the right to cancel this funds transfer service at any time. 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. The transfer will be attempted until the payment is made. If the transfer goes over month end, applicable late fees will also be collected. The undersigned shall have the sole responsibility to timely notify Lisle Savings Bank if the above referenced loan has been repaid or if the undersigned changes the debit account number.</p>	
Signature	Date
Signature	Date

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