

(Print Individual Name)

Main • PO Box 1248 • 640 S. Federal Ave • Mason City, IA 50401 • 641-424-2281 West Branch • 4063A 4<sup>th</sup> Street SW • Mason City, IA 50401 • 641-423-2281 Toll Free: (888)424-2281 • www.NICCU.com

## **Automatic Payment Transfer Authorization**

I hereby authorize *North Iowa Community Credit Union (NICCU)* to initiate a debit entry to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I acknowledge that the origination of ACH transactions or transfers to my account must comply with the provisions of U.S. law.

Please fill out the left OR right portion of this document, depending on where your payment is coming from.

Print, sign, and date below and return to NICCU 7 days prior to your next payment due date.

If this form is NOT completely filled out, it may result in your next payment being late.

	Update   Cancel
□ NICCU In-house Account Transfer	□ ACH Debit from other Financial Institution
Type of Account Transferring From:  Member #	(Financial Institution Name, Branch)
Checking SavingsSuffix	(Address) (City/State/Zip)
\$ Amount	(Double & North or)
Credit to North Iowa Community Credit Union	(Routing Number) (Account Number)
Member Number Loan #	Type of Account: Checking Savings \$ Amount
Transaction Frequency:	Credit to North Iowa Community Credit Union
Transaction <b>beginning on</b> ,,	Member Number Loan #
and will continue thereafter:	Transaction Frequency: Transaction (ACH Entry) beginning on,, and will continue thereafter on the day of the month.
□ Monthly □ Bi-Weekly □ Weekly	
on the day(s) of each month.	
This agreement is to remain in full effect until North Iowa Community Credit Union has received written notification from all initial signers of its termination in such time and manner as to afford NICCU and other FINANCIAL INSTITUTION a reasonable opportunity to act on it. A new form can be used to cancel Payment Transfer Authorization at time of termination.  By signing below, I authorize automatic payment transfer and understand it is my responsibility to maintain a balance in my NICCU account to enable the transfer to be made on the specified date. The transfers will continue until I notify NICCU in writing to cancel or update the transfer or if NICCU notifies me the transfer will be discontinued. NICCU must receive the written request for cancellation seven (7) business days prior to the transfer. Payments will stop automatically when loan is paid in full. If remaining balance of loan is less than the payment amount, the loan will be paid and any additional funds will be placed in your membership savings account. NICCU reserves the right to charge a fee if payment is returned for any reason.	
(Print Individual Name) (Signature)	
(Phone number) (Date)	
Cancel I understand that by signing the cancelation line below that my payments will no longer be taken out of my account automatically for the completed loan information above. If the loan was <i>not</i> paid off, then it is my responsibility to make other payment arrangements to avoid delay in payment.	

(Signature)

(Date)