

LSB | LISLE SAVINGS BANK

RELATIONSHIPS *for* GENERATIONS

1450 Maple Avenue | 4720 Main Street | Lisle, IL 60532
 LSB.bank | 630.852.3710

Loan and Equity Line of Credit Automatic Internal Payment Authorization

Account Holder Information

Name	
Address	
City, State, Zip	Daytime Phone #

Transfer Information

First Transfer Date _____ Transfers may only be made the 1st through the 10th	Loan Number _____ Submitted by Teller# _____ Transfer Number _____
Mortgage Loans Only: Principal Interest Payment \$ _____ Current Escrow \$ _____ Surplus \$ _____ Total Transfer \$ _____	<input type="checkbox"/> Eliminate Surplus <input type="checkbox"/> Add Surplus <input type="checkbox"/> Change Surplus to \$ _____ <input type="checkbox"/> Add Equity Line of Credit Surplus amount \$ _____
For Equity Lines of Credit, the payment amount will be the greater amount of the monthly computed interest or \$100.00.	

Internal Transfer Information

Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number
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Authorization

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.

Signature _____ Date _____

Signature _____ Date _____

Termination

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

Signature _____ Date _____

Signature _____ Date _____