

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 External 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 \$ _____ For Equity Lines of Credit, the payment amount will be the greater amount of the monthly computed interest or \$100.00.	<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 \$ _____

Financial Institution Information

To ensure accuracy please attach a copy of a voided check.	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