



Electronic Loan Payment Agreement Authorization

Form Instructions

- 1 – Complete all applicable fields
- 2 – Print completed form
- 3 – Sign and date the **Signature** section

4 – Mail to:

Delta Community Credit Union
 ATTN: Loan Servicing Department
 P.O. Box 20541
 Atlanta, GA 30320-2541
 or FAX to: 470-351-6628

Member Information

Name _____ Delta Community Member Number _____

Transaction Information

Complete after verifying correct routing and account number information at receiving financial institution.

DEPOSIT to my Delta Community <input type="checkbox"/> Loan _____ <i>(Separate form required for Delta Community Visa Credit Card)</i>		
WITHDRAW from my <input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account # _____		
Routing Number _____	Financial Institution _____	Phone Number _____

Payment Information

Note: Delta Community requires receipt of this form **15 days** before the start date. Your payment date will be set up to coincide with the Loan due date.

Amount _____ Start Date _____
 Stop Date _____

Terms and Conditions

This authorization is to remain in effect until Delta Community has received notification from me (or joint owner), in writing of its termination in such time and manner as to afford the Credit Union a reasonable opportunity to act on it, or until the Delta Community Loan is paid in full. If necessary, I authorize Delta Community to make debit or adjustment entries for credits made in error. If selected date falls on a holiday or weekend, funds will be posted the next available business day.

Signature

I (we) authorize Delta Community Credit Union to originate the ACH transactions selected above.

Signature _____ Date _____ Daytime Phone Number _____