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 Department
Dept. 930/ATG **OR** P.O. Box 20541
Atlanta, GA 30320-2541
OR fax to: 404-677-4807

Member Information

Last Name _____ First Name _____ Member Number _____

Social Security Number _____

Transaction Information

Complete after verifying correct routing and account number information at receiving Financial Institution. Complete payment options and sign below.

DEPOSIT to my Delta Community CU ☐Loan _____
(Separate form required for Delta Community CU Visa)

WITHDRAW from my ☐Savings Account ☐Checking account or ID# _____

Routing Number _____ Financial Institution _____ Phone Number _____

Payment Amount/Frequency Information

Note: Delta Community CU requires receipt of this form **15 days** before the start date.

Amount _____ Start Date _____

Stop Date _____

Select Payment Date:

☐ Monthly on day #: _____

Terms and Conditions

This authorization is to remain in effect until Delta Community CU 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 CU loan is paid in full. If necessary, I authorize Delta Community CU 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 _____ Today's Date _____ Daytime Phone Number _____

EQUAL HOUSING LENDER
NCUA This credit union is federally insured by the National Credit Union Administration.