



## 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.

<b>DEPOSIT</b> to my Delta Community <input type="checkbox"/> Loan _____ <i>(Separate form required for Delta Community Visa Credit Card)</i>		
<b>WITHDRAW</b> 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 \_\_\_\_\_ Effective Change 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 \_\_\_\_\_