

Electronic Loan Payment Agreement Authorization



Form Instructions:

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

4 — Print and mail the completed form to:

Delta Community Credit Union,
ATTN: Loan Servicing Department
P.O. Box 20541
Atlanta, GA 30320-2541
or Fax 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

Loan _____
(Separate form required for Delta Community Visa Credit Card)

WITHDRAW from my

Savings Account

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. By submitting this Loan Payment Agreement Authorization, I acknowledge receipt of a copy.

Signature

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

Signature

Date

Daytime Phone Number

