

126 E. High St. Hennepin, IL 61327 815-925-7373 110 N. Main Ave. Ladd, IL 61329 815-894-2386

Electronic Transfer Authorization Form

Customer Name:	
Address:	City: State: Zip:
Social Security Number:	Phone Number:
Debit Account Information	Credit Account Information
Financial Institution:	Financial Institution:
Routing Number:	
Account Number:	
(_) Checking (_) Savings (_) Other	(_) Checking (_) Savings (_) Loan (_)Other
We will make transfers on the following basis	s:
Periodic Transfers	
Amount to be Transferred \$ Eff	fective Date: Termination Date:
	lly (_) Other
scheduled transfer date. By signing below, I authorize North Central Bank	th Central Bank, then the transfer will be made on the first processing day after the to initiate debit / credit entries via Electronic Funds Transfer through the Automate that I must allow North Central Bank fifteen (15) calendar days to process and nent.
the transfer, North Central Bank will not be respo	depository financial institution listed above does not have sufficient funds to make onsible or liable for any penalties or charges assessed by any other financial h Central Bank will attempt to make the EFT-ACH transfer up to two (2) times.
updated to reflect the change(s), per my loan agr	rerest rate changes, I understand and agree that my EFT-ACH payment will be reement. If my mortgage loan has escrow and the escrow payment changes, I will be updated to reflect the change(s), per my loan agreement.
I understand that this authorization may be term must allow fifteen (15) calendar days after receip	ninated by me at any time by written notification to North Central Bank, and that I of for termination to be effective.
Signature:	Signature: