



AUTOMATIC MORTGAGE PAYMENT AUTHORIZATION

Instructions: Complete the Authorization form below and make a copy of the completed Authorization form for your records. If you are using a checking account for Automatic Debit, you must send a voided check from the account you wish to be debited. If you are using a savings account, you must send a pre-printed savings deposit ticket that includes the ABA number and your account number. Failure to do so may result in the rejection of your payment entries.

Check One: New Change Cancel - effective _____ (Cancellation request must be received at least 5 days prior to the next transaction date)

Name	
Mortgage Loan Number	Daytime Phone Number

I hereby authorize IU Credit Union to initiate debit entries to the Financial Institution listed below, which is located in the territorial jurisdiction of the United States, and if necessary initiate credit entries or adjustments to correct a debit entry originated in error, to make my loan payment for the amount specified on this authorization. I understand that my automatic payment will be adjusted automatically if my payment changes due to escrow analysis and/or adjustable rate. Payment dates that fall on a non-business day or holiday will be processed the following business day. Payments returned will be reversed and will not be resubmitted. I understand that the Credit Union is not responsible for any fees, penalties or late charges. Repeated returned payments will result in termination from the program. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

If your final deduction is greater than your final payment, the remainder will be deposited into your Membership Savings ID 0001 at IU Credit Union.

Monthly on _____ (Please choose between the 1st and the 28th. We cannot draft on the 29th, 30th or 31st of the month)

OPTIONAL: In addition to my regular payment, please deduct an additional \$ _____ each month and apply to principal.

Payment Start Date: _____ (We must receive this authorization at least 15 days prior to the first or next due date.)

Depository Institution		ABA Number (Routing Number)					
City	State	Zip	Institution Phone Number				
Name on Account (must be signer on the mortgage)	Account Number	Choose One					
		Checking	Savings				

This authorization is to remain in full force and effect until IU Credit Union has received a written request to terminate this authorization in such time and in such manner as to afford IU Credit Union a reasonable time to act on it. By signing below, I agree to the terms and conditions of the Membership & Account Agreement.

Member's Signature(must be signer on mortgage)	Date

A VOIDED CHECK OR PRE PRINTED SAVINGS DEPOSIT TICKET MUST BE ATTACHED TO INITIATE YOUR ACH AUTOMATIC PAYMENT

Please fax to (812) 332-7888 or mail the completed form with attachments to:

IU Credit Union
PO Box 368
Bloomington, IN 47402-0368

If you have any questions, please contact a Representative at 812-855-7823 or 888- 855-MYCU (6928)

CREDIT UNION USE ONLY

Date Received: _____ Initials/Teller Number: _____ Verified ID / Signature

Processed By: _____ Date Processed: _____ Entered: Loan Servicing Letter Sent EPISYS

**SCAN THIS FORM AND THE VOIDED CHECK OR ACCOUNT VERIFICATION AS ONE ITEM AND SAVE TO THE SCAN O: DRIVE ACCOUNTING>
ACH PAPERWORK. SAVE USING THE ACCOUNT NUMBER.**