

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: |