

# 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

