



Authorization for Automatic Funds Withdrawal

Borrower Name _____

Bank Name _____

Bank Account Type Checking Savings

EITHER enter your account number and routing number below

- **OR** -

Attach a voided check to this form

(no need to do both)

Bank Account # _____

Routing # _____

I am submitting this form to change a prior ACH Authorization (new account, new bank, etc.)

We do not require repayment of loans by preauthorized electronic transfers. By signing below, you voluntarily authorize IC\$ to debit your bank account automatically for each Loan payment due, **on or after the due date each month**. Your authorization will remain in full force and effect until you terminate it by giving us written notice at the address listed on this agreement and until we have had a reasonable opportunity to act on your notice. **In order to make a change to an automatic payment authorization, we need at least 1 weeks notice.**

Signature _____ Date: _____