**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 d 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 to 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:\_\_\_\_\_\_\_\_\_\_\_\_