



Payment Authorization Form

I hereby authorize Grundy Bank to process the below debit entries to our account indicated below from the financial institution indicated below. I acknowledge that the origination of any ACH transactions to my account must comply with provisions of the U.S. law.

SECTION A - Client Information

Client's Name			
Address	City	State	Zip

SECTION B - Type of Transfer

- New Internal Transfer
 New ACH Transfer
 Change of Transfer
 Cancellation of Transfer

SECTION C - Originating Account Information

From Internal Acct: Checking _____ Savings _____

From External Acct: Checking _____ Savings _____

Institution Name _____

Account Name _____

ABA Routing # _____ Account # _____

SECTION D - Receiving Account Information

To Internal Acct: Loan # _____

SECTION E - Transfer Information

Frequency: Monthly Bi-Weekly Weekly Semi-monthly

Amount: _____ Beginning Date: _____

SECTION F - Authorization

I hereby authorize Grundy Bank to initiate the above recurring entry or ACH debit. This authorization is to remain in full force and effect until the above mentioned loan is paid in full or Grundy Bank receives notice from me of its termination in such time and in such manner as to afford Grundy Bank a reasonable opportunity to act on it.

Client Signature

Date

FOR BANK USE ONLY		
Received by:	Branch/Department:	Date Received:
Changes entered by:	Branch/Department:	Date Changed:
Verified by:	Branch/Department:	Date Verified:

Please attach voided check for external transfers.