



# Automatic Payment Form

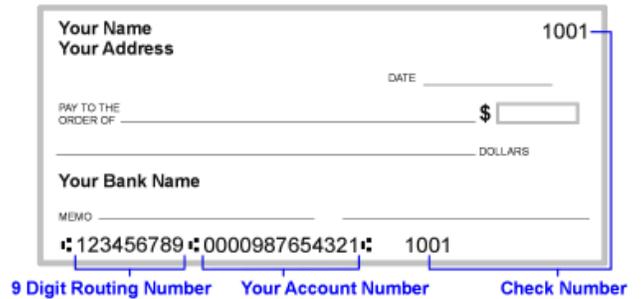
Complete this form to make automatic payments from other financial institutions.

**\*\*\*ATTACH VOIDED CHECK -OR- DEPOSIT SLIP\*\*\***

**Please complete and submit this form:**

**By mail**  
 Ideal Credit Union EFT Department  
 2401 McKnight Road N  
 North St. Paul, MN 55109

**Electronically**  
 Through secured message in Online Banking



New Auto Pay     Change Auto Pay     Cancel Auto Pay

Bank Name \_\_\_\_\_ Bank Routing # \_\_\_\_\_

Account # \_\_\_\_\_ Savings     Checking

Bank City, State Zip \_\_\_\_\_

Desired Monthly payment date (circle one)      1<sup>st</sup>    5<sup>th</sup>    10<sup>th</sup>    15<sup>th</sup>    20<sup>th</sup>    25<sup>th</sup>

Start date (date of 1<sup>st</sup> payment) \_\_\_\_\_

Ideal CU Account Number \_\_\_\_\_

Ideal CU Loan Payment Amount    \$ \_\_\_\_\_

## Automatic Payment Plan Authorization

I/We hereby request and authorize Ideal Credit Union to initiate entries from my checking or savings account from the designated financial institution. I/We agree that Ideal Credit Union's treatment of each entry shall be the same as if each such item were signed personally by me (or joint owner). I/We further agree that such authorization, unless previously terminated in writing by Ideal Credit Union, is to remain in effect until the loan is paid in full or Ideal Credit Union receives my written notification to cancel three business days prior to effective date of termination. I/We can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my account statement or 45 days after posting, whichever occurs first. Should any pre-authorized charge not be honored by said financial institution when received by them, then it is understood the payment is to be made by me to Ideal Credit Union in the amount of said payment.

**I have read and agree to the terms of the Automatic Payment Plan Authorization**

\_\_\_\_\_  
 Name of Account Owner                      Date

\_\_\_\_\_  
 Name of Joint Owner                              Date

\_\_\_\_\_  
 Signature of Account Owner                      Date

\_\_\_\_\_  
 Signature of Joint Owner                              Date

\_\_\_\_\_  
 Phone      C - W - H

\_\_\_\_\_  
 Phone      C - W - H

\_\_\_\_\_  
 Email

\_\_\_\_\_  
 Email

### FOR CREDIT UNION USE ONLY

Start date \_\_\_\_\_

Loan Suffix \_\_\_\_\_ Initials \_\_\_\_\_