



510 East Monroe Street
Springfield, IL 62701
217-789-3500

REQUEST FOR AUTOMATIC LOAN PAYMENT

☐ NEW
☐ CHANGE
☐ CANCEL EXISTING TRANSFER

PREPARED BY: __

DATE: __

CHANGE REQUESTS MUST BE 15 DAYS FROM DUE DATE OR THEY WILL TAKE EFFECT THE FOLLOWING MONTH

FUNDS TO COME FROM ACCOUNT NUMBER:

(Checking ☐ Savings ☐)

ROUTING # (IF OTHER THAN SECURITY BANK):

**VOIDED CHECK MUST BE ATTACHED TO THIS
NOT A DEPOSIT TICKET**

LOAN NUMBER:

LOAN PAYMENT AMOUNT:

ADDITIONAL PAYMENT AMOUNT:

(If Applicable)

TOTAL PAYMENT AMOUNT:

FREQUENCY:

(Monthly, Quarterly, Semi-annual, Annual)

Monthly

DATE OF TRANSFER TO BEGIN:

I HEREBY AUTHORIZE SECURITY BANK TO MAKE THIS TRANSFER ON THE _____ DAY OF EACH MONTH.
I UNDERSTAND THE TRANSFER AMOUNT MUST BE AT LEAST EQUAL TO THE REQUIRED MONTHLY
PAYMENT. THAT AMOUNT MAY VARY FROM YEAR TO YEAR (AS A RESULT OF ADJUSTABLE LOAN RATE
REVIEWS AND/OR REVISED ESCROW PAYMENTS)

THIS MONTHLY TRANSFER OF FUNDS DOES NOT EFFECT THE MINIMUM THAT MUST BE MAINTAINED IN THE
CHECKING/ SAVINGS ACCOUNT TO AVOID MONTHLY SERVICE CHARGES.

CUSTOMER SIGNATURE

DATE

CUSTOMER SIGNATURE

DATE

FOR BANK USE ONLY



DATE COMPLETED:

BY:



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Additional Terms and Conditions of My ACH Origination Authorization

- 1) I accept full responsibility for the information provided on this ACH Origination Authorization Form ("Authorization Form").
- 2) I understand that the other financial institution involved in this transfer may impose charges, and I agree to pay those charges.
- 3) I understand this Authorization Form must be submitted to Security Bank (Bank) at least 10 business days prior to the date of the transfer date requested. In addition, I understand the available funds must be in my Security Bank account 2 business days prior to the transfer date. I further understand the fee, set forth on the Schedule of Fees, may be charged to my Security Bank account if the funds are not available for transfer on the specified date or if the transfer is rejected by the other financial institution.
- 4) I understand in order to stop the current transfer Security Bank must be notified at least 3 business days prior to the transfer date.
- 5) I understand if this is a credit for a loan payment at the other financial institution and if I revoke or cancel this Authorization Form before the outstanding balance of my loan is paid off, it is my responsibility to continue to make my loan payments with another form of payment by the scheduled due date. I understand failure to meet the payment requirement may result in late fees, possible derogatory credit action, and/or default.
- 6) If money is not available at my other financial institution, I am responsible for all loan payment(s)/deposit(s) and any charges Security Bank assesses. Security Bank may give provisional credit until it receives final settlement. If final settlement does not occur, I agree that the provisional credit will be reversed and that I must make all loans current including any late fees that may be incurred.
- 7) I understand and agree that Security Bank shall not be responsible for any act or failure to act on its part, except in case of gross negligence or willful misconduct. Furthermore, I agree to hold Security Bank harmless for any claims, liabilities, attorney's fees, and other costs and expenses of any and every kind and nature which I may incur as a result of Security Bank's performance under this Authorization Form.
- 8) I understand that Regulation D limitations apply to all electronic transfers from a savings or money market account. I agree to refer to my account disclosure for specific details.
- 9) I understand that origination of all ACH transactions must comply with the National Automated Clearing House Association Rules ("NACHA Rules") and that Security Bank may terminate transactions and suspend this Authorization Form for the breach of the NACHA Rules.
- 10) I authorize Security Bank to audit my ACH transactions to confirm my compliance with the NACHA Rules and this Authorization Form.

** To avoid delays in processing, please attach a current voided check if the account at the other financial institution is a checking account. If the account at the other financial institution is a savings account, please provide an account verification letter from the other financial institution.** I hereby authorize Security Bank to initiate credit/debit entries (and/or corrections to the previous entries) from my account indicated above. This authority will remain in full force and effect until I give Security Bank written notification of termination in such manner as to allow Security Bank reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions must comply with the provisions of U.S. law.

Customer Signature _____ Date _____

