



For Office Use Only

Date:

Name:

Address:

City/State/Zip:

Phone Number:

Deduct Payment from a Morton Community Bank Account

Deposit Account Number:

Checking

Savings

Amount to be Transferred:

Monthly

Other

Effective Date:

Termination Date:

Deduct Payment from another Financial Institution

Financial Institution Name:

Routing/Transit Number:

Deposit Account Number:

Checking

Savings

Amount to be Transferred:

Monthly

Other

Effective Date:

Termination Date:

Payment to Morton Community Bank Loan Account

Account/Loan Number:

Account Title/Loan Description:

Type:

Mortgage Loan Payment

Installment Loan Payment

Line of Credit

HELOC

Authorized Signers

I authorize Morton Community Bank to establish Automatic Payments to debit my deposit account and credit my loan/line account as directed above.

Signature: _____

Date: