



ACH Authorization Loan Payment

The undersigned ("Originator") hereby authorizes Alliant Bank, Originating Depository Financial Institution ("ODFI"), to initiate automatic ACH:

☐ Credit entries -- deposits to the originator's Alliant Bank loan indicated below. (Outgoing debit)

ORIGINATOR NAME	
ACCOUNT TITLE	
LOAN NUMBER	
ACCOUNT TYPE	LOAN

The funds are to be transferred via Automatic Clearing House ("ACH") from a Receiving Depository Financial Institution ("RDFI") and automatically posted from the ("Receiver's") account indicated below.

RECEIVER NAME	
RDFI NAME	
RDFI ROUTING NUMBER	
ACCOUNT NUMBER	
ACCOUNT TYPE	

The Originator requests that Alliant Bank make the transfers of \$_____ on a recurring basis, effective date_____ termination date_____.

**I understand that my ACH authorization will be adjusted if my loan payment changes. I authorize this payment not to exceed \$_____.

The frequency of the transfer will be ☐ Weekly ☐ Monthly ☐ Other _____

If the transfer date is a non-processing day for Alliant Bank, then the transfer will be made on the first processing day after the scheduled transfer date.

By signing below, the undersigned agree(s) to all the terms and conditions beginning on page 1 through the bottom of page 2 of this Authorization.

Signature_____ Date_____

Signature_____ Date_____

Termination of this Agreement: Any one of you may cancel this agreement by giving Alliant Bank written notice. Your notice will be effective 5 business days after we receive it. The date below is the date the undersigned cancels this ACH Automatic Transfer Agreement.

Signature_____ Date_____



ACH Authorization Agreement to Transfer Funds to Alliant Bank

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Generally – The originator account listed on page one is covered by their individual term and conditions, unless modified by this Authorization. If a transfer is made from a savings account, we reserve the right to require not less than 7 days written notice of withdrawal.

You agree to keep enough money in your Debited Account to cover the transfers you request by this Authorization. If your Debited Account balance is insufficient to cover the transfers you authorize, the ODFI may cancel this Authorization immediately without notice. The ODFI may use our rights and remedies under applicable law and our rules and regulations governing these types of accounts.

You agree, in consideration of this service rendered by Alliant Bank, to indemnify (repay us for any loss) and hold us harmless (release us from any responsibility) from any liability or loss occurring due to the dishonor of any check or draft presented which results from any charge made or refused to be made by Alliant Bank under this Authorization. You agree to abide by our rules and regulations governing your account(s) as stated on your account agreement and as amended from time to time. We may take any security measures that we believe are necessary (such as recording telephone transfer conversations) without notice to you.

Amendments and Termination – We will give you reasonable notice when we amend this Authorization. If this Authorization needs to be amended because of change in State or Federal law, the change shall be effective immediately without notice. If no termination date is specified on page one of this agreement, this Authorization will remain in effect until terminated by the originator. Alliant Bank may terminate this Authorization by giving you written notice at the address we have on file. Any notice will be effective immediately when mailed or delivered by us.