



**Internal Loan Transfer Authorization Form**

Transfer Information	
Loan Number _____ Debit Account Type      Debit Account Number <input type="checkbox"/> Checking <input type="checkbox"/> Savings      _____	<i>Transfers may only be made either on the 1<sup>st</sup> or the 15<sup>th</sup>            HELOC transfers on the 11th</i> First Transfer Date      _____ Submitted by Teller #      _____ Transfer Number      _____
Principal & Interest Payment \$ _____ Current Escrow                      \$ _____ Surplus                                      \$ _____ Total Transfer                              \$ _____	<input type="checkbox"/> Eliminate Surplus <input type="checkbox"/> Change Surplus to \$ _____ <input type="checkbox"/> Add Surplus

Account Holder Information	
Name	
Address	
City, State, Zip	Daytime Phone #

Authorization	
Until this authorization is revoked in writing by me (either of us), I (we) hereby authorize Lisle Savings Bank to initiate an internal funds transfer debit to pay my (our) monthly loan payment. However, Lisle Savings Bank reserves the right to cancel this funds transfer service at any time. The undersigned shall have the sole responsibility for maintaining a sufficient available account balance to satisfy the monthly payment as of the business day prior to the transfer date. The transfer will be attempted until the payment is made. If the transfer goes over month end, applicable late fees will also be collected. The undersigned shall have the sole responsibility to timely notify Lisle Savings Bank if the above referenced loan has been repaid or if the undersigned changes the debit account number.	
Signature	Date
Signature	Date

Termination	
I (we) hereby terminate this authorization for transfer of funds described above.	
Signature	Date
Signature	Date