

## **Pre-Authorized Check Payment**

Please Note that Adobe Reader 6.0 does not save your input, so please print this form immediately after you finish filling it out.

**Date:**

**Member Number:**

### **Check Information**

**Name:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Country (if not in US):**

**Phone #:**

**Email Address:**

**Institution Name, City, State:**

**Routing # (9 digits):**

**Account #:**

**Amount of Loan Payment:**

Check payments cutoff time is 3:00 pm Monday – Friday. To insure Accuracy, please type the information before printing the form. This form is not a request for a reoccurring payment; it is a ONE time payment only.

**email to: [acctgdept@illiana.org](mailto:acctgdept@illiana.org)**