**DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION**

**Division of Financial Institutions – Credit Union Section**

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| --- |
| **DESIGNATION FOR AUTOMATED CLEARINGHOUSE PAYMENT OF REGULATORY FEES** |

|  |  |  |
| --- | --- | --- |
| **Credit Union**  **Name:** |  | |
| **Mailing**  **Address:** |  | |
| **City, State, Zip Code:** | |  |

The undersigned hereby acknowledges that the Department of Financial and Professional Regulation (“Department”), Division of Financial Institutions – Credit Union Section will initiate debit entries to the account at the Depository or entity designated below, for the purpose of collecting assessed Regulatory Fees. It is further acknowledged that it remains the institution's responsibility to notify the Department of changes in depositories or account numbers and to have adequate funds in the account to be debited to be able to properly pay the remittance due to the Department. If the institution does not have an account at a facility that does not participate in the Automated Clearing House (ACH) Program, you must contact a qualifying institution and establish an account for regulatory payments.

**Please type or print legibly:**

|  |  |  |  |
| --- | --- | --- | --- |
| DEPOSITORY NAME: |  | CITY: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ACCOUNT NAME: |  | STATE |  | ZIP |  |

**ROUTING TRANSIT NUMBER OF FINANCIAL ACCOUNT NUMBER TO BE DEBITED**

**INSTITUTION ABOVE (9 digit number): (17 digit maximum):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF ACCOUNT (Please check one):** |  | Direct Deposit (Checking) |  | General Ledger |  | Savings |

The undersigned agrees to notify the Department, or cause the Department to be notified either by using the Automated Clearing House Network or by written notification of a change of the above designated Routing Transit Number or Account Number at least 30 days prior to the next established payment date.

The undersigned acknowledges that failure to allow the Department of Financial and Professional Regulation to debit assessments from the designated deposit account or to ensure that funds in an amount at least equal to the invoiced amount are available to the Department for direct debit shall be deemed to constitute nonpayment of the assessment. This authorization revokes all prior direct authorization notifications applicable to the debits and will remain in effect until revoked by written notification.

The method of fee collection shall be governed by the rules of the National Automated Clearing House Association, and the Uniform Commercial Code.

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorized Representative:** |  | **Title:** |  |

***[Please print] [Please print]***

|  |  |  |  |
| --- | --- | --- | --- |
| **Telephone Number:** | (       ) | **Email Address:** |  |

***(Please print]***

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed:** |  | **Date:** |  |

***(May only be authorized by President, Vice-President or Treasurer of the Institution) [Please print]***

**Please note: this form must be completed and return no later than   
3 weeks prior to next quarter Due Date to be effective for the upcoming quarter:**

IDFPR – CREDIT UNION SECTION

320 West Washington St., Suite 550

Springfield, Illinois 62786

Phone: (217) 782-2834

Fax: (217) 557-8461

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ACH Form