



**AMERICAN EAGLE BANK**  
 556 RANDALL ROAD \* SOUTH ELGIN, IL 60177  
 847-742-7400 \* FAX: 847-742-7824

**AMERICAN EAGLE BANK OF CHICAGO**  
 2255 N WESTERN AVENUE \* CHICAGO, IL 60647  
 773-328-2350 \* FAX: 773-328-2390

WEBSITE: [www.amebank.com](http://www.amebank.com)



**AUTOMATED CLEARING HOUSE (ACH) AUTHORIZATION**  
**☞ ONLY FULLY COMPLETED FORMS WILL BE PROCESSED ☞**

I authorize American Eagle Bank to **DEBIT – CREDIT** (select one) my account through the ACH process as follows:

- Name of Bank : \_\_\_\_\_
- Address: \_\_\_\_\_
- City, State and Zip: \_\_\_\_\_
- Account Title: \_\_\_\_\_
- Account Type: **CHECKING – SAVINGS – LOAN** (select one)
- Account Number: \_\_\_\_\_
- Routing Number: \_\_\_\_\_

**☞ A COPY OF A VOIDED CHECK OR  
 ACCOUNT DEPOSIT TICKET IS REQUIRED ☞**

- Date to Begin: \_\_\_\_\_ Frequency: Monthly Dollar Amount: \$ \_\_\_\_\_
- Date to Discontinue: \_\_\_\_\_ Number of Transfers: \_\_\_\_\_

**CREDIT – DEBIT** (select one)

- American Eagle Bank Account No. (omit leading zeros): \_\_\_\_\_
- Name(s) on AEB Account: \_\_\_\_\_
- Telephone Number: \_\_\_\_\_

I understand that if in two separate months my account does not have sufficient funds to cover the above transaction the ACH will be terminated. If you wish to stop the ACH you must notify the Bank thirty (30) days in advance of the transaction date. Letter of confirmation will be mailed to you upon completion of ACH set up.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_