



Please return to:  
Loan Operations • PO Box 3455 • Quincy, IL 62305  
(217)223-7383 • Fax: (217) 228-1050

### Electronic Loan Payment Plan

Name(s) on Account: \_\_\_\_\_  
\_\_\_\_\_

Primary Account Holder's SSN/TIN: \_\_\_\_\_

<b>Mercantile Bank</b>			
ABA/Routing Number:	081200531	Account Number:	_____
Account Type:	Checking	Savings	Loan
Transaction Type:	Debit	Credit	

<b>Other Institution Name:</b> _____			
ABA/Routing Number*:	_____	Account Number:	_____
*The nine digit number starting at the bottom of the far left of your check, and <u>attach a voided check, savings withdrawal, or loan payment coupon.</u>			
Account Type:	Checking	Savings	Loan
Transaction Type:	Debit	Credit	

<b>Payment Transaction Description</b>	
Enter payment amount information, choose one payment description and the transaction frequency):	
1. Amount: \$ _____	Start Date: _____ Expiration Date: _____
<b>2. Loan Payment Plans</b>	
<input type="checkbox"/> Mercantile Loan Payment from Mercantile checking/savings account.	
<input type="checkbox"/> Mercantile Loan Payment from another bank checking/savings account.	
<input type="checkbox"/> Loan Payment to another bank loan from Mercantile checking/savings account.	
<b>3. Frequency:</b> To ensure timely payment, have funds available on the business day preceding a weekend day or holiday pay date.	
<input type="checkbox"/> Monthly on the _____ <input type="checkbox"/> One Time Payment	
<input type="checkbox"/> Bi-Weekly (twice a month) on the _____ and the _____ of the month	

### Authorized Account Holder Signature(s):

Mercantile Bank is hereby authorized to withdraw funds from the above named account(s) in the amount specified above for the purpose of crediting the designated loan account at the frequency indicated. I/we understand that this authorization will continue in full force and effect until said expiration date, until the loan account is paid in full, or until Mercantile Bank receives written notice (at least ten business days in advance of transfer date) to terminate this payment plan authorization.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Internal Use Only</b>			
Application Taken By: _____	Date: _____	Application Received By: _____	Date: _____
Application Processed By: _____	Date: _____	Application Verified By: _____	Date: _____