

1st Franklin Financial Corporation

ELECTRONIC FUNDS TRANSFER AUTHORIZATION
RECURRING TRANSACTIONS

I hereby authorize **1st Franklin Financial Corporation** (hereafter “1FFC”) to initiate electronic funds transfer (hereafter “EFT”) entries to my loan account from the depository financial institution named below.

The amount of the first transfer will be \$_____ and will be processed on _____.
The other transfers will be processed on the same date each following month in the amount of \$_____. I acknowledge that the origination of EFT transactions to my account is voluntary and must comply with the provisions of U.S. law.

The EFT transactions will take place monthly up to but not including my final payment. I agree that my final payment will not be made by EFT as part of this authorization. I may visit or call the branch to make my final payment by EFT or pay my final payment using cash, check, money order or certified check. If my payments will be made by debit card, I understand the recurring EFT transactions will not take place after the expiration date of my card, provided below.

Debit Card Transactions Only: I understand that “no fee” payment options are available to me. For payments made by debit card, the payment processor will charge a non-refundable \$1.50 fee for each payment made by debit card (excluding loans originated in Kentucky, South Carolina, and Virginia). This fee is added to the amount withdrawn from my account. For example, if my payment is \$100, and I use a debit card for payment, \$101.50 will be withdrawn from my account.

If my account is secured by a mortgage on my residence, and the monthly payment shown above includes an amount that goes into an escrow reserve, my monthly payment may change due to a change in the amount of my escrow monthly payment. If this happens, I agree that you will change the amount of my Electronic Funds Transfer. You may notify me of the change, if any, on my Escrow Analysis Statement.

Last Payment Disclosure: I understand that as outlined in my Loan Agreement, my final monthly installment loan payment may be larger or smaller than my regular monthly installment payments. As a result of this, I understand that You will NOT automatically take my final installment payment by EFT. Rather, I must make my final payment directly to my 1FFC branch office no later than the Final Payment Due Date as noted on my Loan Agreement

I agree that this authorization will continue until I notify 1st Franklin to stop the EFT transactions. Notice may be given by calling or writing to 1FFC. I agree that 1FFC and my bank require at least three (3) business days from the date they receive notice to stop the transactions. I agree that 1FFC may cancel this EFT Authorization at any time if it believes it necessary to do so.

Date: _____ Signature: _____ Loan # _____
(Checking/Savings/Debit Card Account Holder)

Account/Card Holder Name*: _____
*Name on Bank Account or Debit Card

ACH:	Debit Card:
Bank Name:	Debit Card Number (Last 4):
Bank Routing Number:	Expiration Date:
Bank Account Number (Last 4):	
Checking/Savings:	

REVOCATION (TERMINATION)

This authorization shall remain in full force and effect until it is revoked by you. You may revoke this authorization through the online customer portal or by visiting a 1FFC location with a signed copy of this revocation form to revoke this authorization. If you choose to stop making automatic payments, you must tell 1FFC at least 48 hours before the scheduled payment date.

Date: _____ Signature: _____