

# ACH Direct Debit & Authorization Form

RETURN THIS FORM TO SET UP ACH WITHDRAWS FOR AUTOMATIC TRANSFER OF YOUR MONTHLY LOAN PAYMENT FROM YOUR BANK/FINANCIAL INSTITUTION

Check here if this form should NOT be used for all loans associated with the customer listed below. If checked, in the space below specify for which loans or borrower entities this form should apply, if any, in addition to the property listed below:

Customer Information			
Customer Name		Address of Property (only 1 needed)	
Cell Phone		Customer Email	
ACH Direct Debit Instructions			
Type of Action Required		<input type="checkbox"/> Set-Up New Authorization <input type="checkbox"/> Update Existing Instructions	
Type of Account (check one below)		Important documents to include	
Checking		If a Checking Account - You must include a <u>VOIDED CHECK</u> from that Account	
Savings		If a Savings Account - You must include a <u>PRE-PRINTED SAVINGS DEPOSIT TICKET</u> that includes the institution's ABA (routing number) and your Account Number.	
Money Market			
Name of Bank/Financial Institution		Name on Bank Account	
ABA Routing #		Bank Account #	
City	State	Zip	Phone
AUTHORIZATION			
<p>In order to make my loan payment for the amount specified by this authorization, I hereby authorize the company , its successors and or assigned and its subsidiaries to initiate withdrawals from, or make deposits to correct withdrawal entry errors to, the Financial Institution account.</p> <p>I understand the following terms and conditions of this authorization:</p> <ul style="list-style-type: none"><li>▪ If a payment date falls on a weekend or federal holiday, the withdrawal from my account will be made on the last business day before.</li><li>▪ Notification will not be given for every scheduled debit from my account, but each will be indicated on my account.</li><li>▪ Automated Clearing House (ACH) transactions to pay my loan are governed by NACHA rules and U.S. law, and I agree to abide by them.</li><li>▪ I certify that there are no pending bankruptcy proceedings, nor have I received a bankruptcy discharge on the loan identified above.</li><li>▪ I further authorize the company to attempt to withdraw my payment up to an additional two (2) times should the initial scheduled attempt be rejected due to insufficient funds. Repeated returned payments will result in termination of the program.</li><li>▪ The Company is not responsible for any resultant fees, penalties or late charges.</li><li>▪ This authorization for automatic payments, and the ACH instructions provided herein shall apply to all loans associated with the customer listed unless I have checked the box above and specified otherwise.</li><li>▪ If a voided check or deposit ticket is not enclosed, authorization may be returned and processing delayed.</li></ul> <p><b>This authorization will not take effect until it is processed by the Corporation and accepted by your financial institution. If the company is unable to institute Automatic Payments by the date requested, notification will be made to the Email address/phone number provided.</b></p> <p><b>PLEASE ALLOW 3 to 5 BUSINESS DAYS FOR PROCESSING</b></p>			
Authorized Signature		Date	
Printed Name (For Business Accounts)		Title	

**IMPORTANT: Attach a Voided Check if a Checking Account or Pre-Printed Savings Deposit Ticket if a Savings Account**