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	☐ Set-Up New Authorization	☐ Update Existing Instructions

Type of Account (check one below)	**Important documents to include**
☐ Checking	If a Checking Account - You must include a VOIDED CHECK from that Account
☐ Savings	If a Savings Account - You must include a PRE-PRINTED SAVINGS DEPOSIT TICKET that includes the institution's ABA (routing number) and your Account Number.
☐ Money Market	

Name of Bank/Financial Institution		Name on Bank Account	
ABA Rounting #		Bank Account #	
City	State	Zip	Phone

AUTHORIZATION

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.

I understand the following terms and conditions of this authorization:

- 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.
- Notification will not be given for every scheduled debit from my account, but each will be indicated on my account.
- 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.
- I certify that there are no pending bankruptcy proceedings, nor have I received a bankruptcy discharge on the loan identified above.
- 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.
- The Company is not responsible for any resultant fees, penalties or late charges.
- 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.
- If a voided check or deposit ticket is not enclosed, authorization may be returned and processing delayed.

This authorization will not take effect until it is processed by the Corporation and accepted by your financial institution. If the company is unableto institute Automatic Payments by the date requested, notification will be made to the Email address/phone number provided.

PLEASE ALLOW 3 to 5 BUSINESS DAYS FOR PROCESSING

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