

AUTOMATIC PAYMENT AUTHORIZATION (ACH) FORM (03/03/2021)

AUTOMATIC PAYMENT AUTHORIZATION FORM

■ Yes, I would like to enroll in the free* monthly Automatic Payment Program

Name	Street Address		City, State, Zip Code			
Daytime Phone Number			Evening Phone Number			
Mortgage Number						
Financial Institution Name	Financial Institution Phone No.		Financial Institution Address			
Electronic ACH Routing Number	Account Number			Checking	Savings	
Please specify the payment date most convenient for you, which must be within the applicable grace period. If a payment date is not specified, or your loan is a daily simple interest loan, payments will be deducted on your current loan due date.						
Deduct my payment on the	of each month (select a date within	the	grace period i	indicated on your no	ote).
I hereby authorize, including its successors and/or assigns, to initiate transfers from my checking or savings account at the financial institution indicated above for the purpose of making my monthly mortgage payment. I authorize the amount of each transfer to include my regularly scheduled payment including principal, interest, and escrow items I understand that, in accordance with the terms of my mortgage note and/or adjustments in my escrow for taxes and insurance, my payment may change from time to time as set forth in my loan documents. You are hereby authorized to change the amount of the draft from my checking or savings account, provided you notify me of the new payment amount at least 10 days prior to the draft date. I agree that the payment change notice provided to me under the Adjustable-Rate Mortgage Provisions of the Truth-in-Lending Act and/or escrow analysis form shall constitute notice of payment change as required by the Electronic Funds Transfer Act and Federal Reserve Board Regulation E.						
The authorization is to remain in full for to the Initiating party no less than fif immediately if you change financial in this authorization.	fteen (15) business (days prior to it taki	ng e	effect. Please c	contact the Initiating	g Party
I HEREBY AGREE TO THE TERMS A	ND CONDITIONS	IN THIS FORM.				
Borrower	Date (Co-Borrower			Date	