

ACCOUNT INFORMATION

Name:
 Name:
 Street: City: State: Zip Code:
 Home Phone #:
 Office Location: Office Contact:
 Branch Address:

TRANSFER FROM ACCOUNT

TRANSFER TO ACCOUNT

Account Type: Checking
 Savings
 Other
Account Number:
 Type of Transfer: *Provide details in "Special Instructions"*
Non Escrow and/or Non ARM loans only:
 Transfer Amount: \$ Start Date:
 (Extra to principal can be included in this amount)
Escrow Loans and/or ARM loans only:
 Regular Payment Transfer Amount: Start Date:
 (payment plus escrow)
 Optional:
 Extra to Principal amount to transfer: Start Date:
 (These amounts may show as two separate transfers.)

Account Type: Loan
Account Number:
 Loan Payment Account Type: Consumer
 Mortgage
 Commercial
 HELOC

TRANSFER INSTRUCTIONS

Effective Date: Termination Date:
 Frequency: Weekly Monthly Other:
 Special Instructions or Provisions:

AUTHORIZATION

I/We [the customer(s)] authorize you [the Financial Institution] to make the transfer indicated above until further notice from me/us. If this agreement changes any prior authorization between you and me, the prior authorization is cancelled, and I instruct you to follow this authorization. I further acknowledge that you have no responsibility to contact me when the above transfer occurs. I understand that I can call you to find out whether or not the transfer has been made. I understand that it is my responsibility to have sufficient funds available in my account on the transfer date in order for you to make the automatic payment. I acknowledge that if sufficient funds are not available in my account to cover the amount of the transfer, the automatic payment may not be made. I further acknowledge that the Financial Institution will not be liable for any charges including, but not limited to, any charges related to items returned because of insufficient funds, or for any late charges or additional interest if this authorization is for automatic loan payments. I further acknowledge that if the date I have requested the transfer falls on a Saturday, Sunday or bank holiday, you will process my AFT on the next business day. I further acknowledge that if an automatic payment is returned twice within a 12 month period for insufficient funds, the automatic transfer will be canceled by the COMPANY and it is my responsibility to make payments in accordance to the terms of my promissory note.

Authorized Signature _____ Date _____ Authorized Signature _____ Date _____

All accounts remain subject to individual terms and conditions. Transfer will remain in effect until termination date or until terminated by the Financial Institution. Customer may terminate authorization by giving a 15-day written notice to the address stated above.