



Account Information:

Office Location: [ ] Office Contact: [ ]
Branch Address: [ ]
Loan Account Number: [ ] Customer Name(s): [ ]

Transfer FROM Account:

Account Number: [ ] Account Type: [ ] Transfer Type: [ ]

Transfer TO Account:

Account Number: [ ] Account Type: [ Loan ] Loan Type: [ ]

Non Escrow and/or Non-ARM Loans Only:

Transfer Amount: [ ] Start Date: [ ]

(Extra to principal can be included in this amount.)

Escrow and/or ARM Loans Only:

Transfer Amount: [ ] Start Date: [ ]

(Payment plus escrow)

Optional:

Extra to Principal Transfer Amount: [ ] Start Date: [ ]

(These amounts may show as two separate transfers.)

Transfer Instructions (not applicable for CDs):

Effective Date: [ ] Termination Date: [ ] Frequency: [ ]

Special Instructions or Provisions:

[ ]

Transfer 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.

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.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_