



AUTOMATIC PAYMENT (ACH) AUTHORIZATION FOR MORTGAGE PAYMENT

San Francisco Federal Credit Union offers a convenient system that automatically deducts your payment from your checking or savings account each month. To take advantage of this **FREE** service, simply complete this Automatic Payment (ACH) Authorization below and return it along with an unsigned voided check* or encoded deposit slip* to: Drafting Department, PO Box 77417, Ewing, NJ 08628.

*(*The voided check or deposit slip must be preprinted with your name, account number, and financial institution's ABA number. The ABA number is located on the bottom left of your check or deposit slip. ABA numbers starting with a 5, 6, 7, 8, or 9 are not valid. Please contact your financial institution if you are unsure whether your deposit slip contains a valid ABA number).*

Borrower Name: _____ Loan #: _____

Co-Borrower Name: _____

I/We hereby authorize San Francisco Federal Credit Union to initiate an automatic deduction from my/our checking/savings account listed below for my/our recurring scheduled monthly loan payment. If the required payment changes for any reason, this authorization will be automatically amended to authorize the deduction of an amount equal to the new required payment plus any optional additional principal indicated below.

You will be notified of the month in which the first transfer will occur, and this notification will serve as a substitute of the photocopy of your authorization form. **Please continue making payments by check until you are notified that this authorization has been processed.**

Please check one:

Draft On: Due Date 4 Days Following Due Date 9 Days Following Due Date

Financial Institution Name: _____ City/State: _____

ABA #: _____ Financial Institution Phone #: _____

Please check one: Account Type: Checking Savings Account # _____

Optional: In addition to my/our regular payment, please deduct an *additional* \$ _____ per month and apply to principal.

The authorization to initiate an automatic deduction from your account will remain in full force and effect until we receive written notice from you of its termination at least 15 days prior to the next scheduled draft date, or in such manner and time frame as to afford us and our correspondent bank a reasonable opportunity to act upon it. Termination requests must be mailed to: Drafting Department, PO Box 77417, Ewing, NJ 08628.

Accountholder

Signature: _____ Date: _____

Joint Accountholder

Signature: _____ Date: _____

If you have questions regarding this program, please e-mail us at customerservice@loanadministration.com, direct your written correspondence to Member Service Department, PO Box 77404, Ewing, NJ 08628, or call the Member Service Department.