

# Loan Administration

## Automatic Payment (ACH) Authorization

We offer a convenient system that automatically debits your payment from your checking or savings account each month. To take advantage of this **FREE** service, simply complete the Automatic Payment (ACH) Authorization below and return it to: **Drafting Department, PO Box 77421, Ewing, NJ 08628, Fax: (609) 718 1735, or Email to customerservice@loanadministration.com. For faster processing, you can sign up for monthly Automatic Payments online at <https://www.loanadministration.com>.**

I/We hereby authorize my/our lender, its successors, assigns, and servicers to initiate a debit 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 debit of an amount equal to the new required payment plus any optional additional principal that you indicate 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 or online through the website (<http://www.loanadministration.com>) until you are notified that this authorization has been processed.**

Name: \_\_\_\_\_ Loan Number: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_ ABA #: \_\_\_\_\_  
 Account Number: \_\_\_\_\_ Account Type (please check one):  Checking  Savings

Please check one:  
 Draft Monthly On:  Due Date  4 Days Following Due Date  9 Days Following Due Date  
 Bi-weekly loans will always be drafted on the due date regardless of which option is selected.

My Name My Address City, State, Zip	9999	
	Date: _____	
PAY TO THE ORDER OF: _____	\$ <input type="text"/>	
	DOLLARS	
MEMO _____		
1 2 3 4 5 6 7 8 9 0	1 2 3 4	1 2 3 4 5 6 7 8 9 0
ABA Routing Number	Check Number	Account Number

**Optional:** In addition to my/our regular payment, please deduct an additional \$ \_\_\_\_\_ **per debit** and apply to the principal. The authorization to initiate a debit from your account will remain in full force and effect until my/our lender receives written notice from you of its termination at least 15 business days prior to the next scheduled draft date, or in such manner and time frame as to afford my/our lender and its correspondent bank a reasonable opportunity to act upon it. Termination requests can be mailed, faxed, or emailed to: Drafting Department, PO Box 77421, Ewing, NJ 08628 Fax: (609) 718 -1735 Email: customerservice@loanadministration.com.

Account Holder  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Joint Account Holder  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions regarding this program, please visit <http://www.loanadministration.com> or email customerservice@loanadministration.com.