AUTOMATIC PAYMENT AUTHORIZATION

Mortgage Loans

signalfinancial
Federal Credit Union

CONFIDENTIAL

☐ **SETUP** ☐ **CHANGE** ☐ **CANCEL**

INSTRUCTIONS: after completing, sign and fax to 301-949-5201 or email to loanservicing@signalfinancialfcu.org.

Name_____ Best contact _____

Signal Financial FCU account number _____ Loan ID _____

Amount to be debited REQUIRED MINIMUM PAYMENT + _____ = _____
ADDITIONAL PRINCIPAL TOTAL TO BE DEBITED

Date to Debit Payment Each Month: 25th 26th 27th 28th 29th 30th **1st** 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (circle one)
EARLY **DUE** GRACE PERIOD

Your payment will be automatically debited on the date selected above, and will begin no later than 5 (five) days from receipt of your completed, signed authorization. You have the right to cancel this automatic payment at any time by notifying Signal Financial FCU, in writing, at least 5 (five) days prior to the day the payment is scheduled to be debited. This form authorizes Signal Financial FCU to pay the required minimum payment and to change that amount if the required minimum payment changes at any time. Transactions that are rejected for Insufficient Funds may be subject to the standard Signal Financial FCU Returned Item Fee in effect at that time. A list of current fees can be found on our website at signalfinancialfcu.org.

Please select one of the options below for the account and financial institution to be debited:

☐ Please debit my Signal Financial FCU account: ☐ Checking ☐ Savings

Account Number _____ Share ID _____

☐ Please debit my account at another institution: ☐ Checking ☐ Savings

Institution Name_____ Phone: _____

Address _____

City _____ State_____ Zip _____

Routing Number _____ Account Number _____

(Please attach a voided check from the account from which the payment is to be debited.)

☐ I revoke authorization for Signal Financial FCU to take payments automatically on this loan

I hereby authorize Signal Financial Federal Credit Union to initiate or revoke debit or credit entries to or from the account indicated above directly through the Electronic Payment Network. This authorization will remain in effect until written notification is received from me to terminate the authorization. It is my understanding that this authorization may also be revoked by notification by the receiver and as described in the rules and regulations specified by the NACHA (National Automated Clearing House Association). I hereby agree to indemnify and hold harmless Signal Financial FCU from and against all claims that may arise against it by reason of acting pursuant to the foregoing authorization and agreement. I also understand if my selected date falls on a weekend or holiday the transaction will be processed on the next business day.

This service is optional at Signal Financial FCU discretion and offered to members with accounts in good standing.

_____ _____
MEMBER'S SIGNATURE DATE

FOR CREDIT UNION USE

Date Rec'd _____ Processed By #_____ Date Processed _____

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