

Mortgage Automatic Payment (ACH) Authorization

American Eagle Financial Credit Union, Inc. offers 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 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 bank'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 American Eagle Financial Credit Union, Inc. to initiate a debit from my/our checking or 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 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:

| | | | | | | |
|--------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|---------------|
| Day of Withdrawal (select one) | <input type="checkbox"/> 1 st | <input type="checkbox"/> 2 nd | <input type="checkbox"/> 3 rd | <input type="checkbox"/> 4 th | <input type="checkbox"/> 5 th | of each month |
| Bank Name | City | | | State | | |
| ABA # | Bank Phone # | | | | | |

Please check one:

| | | | |
|--------------|-----------------------------------|----------------------------------|-----------|
| Account Type | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings | Account # |
|--------------|-----------------------------------|----------------------------------|-----------|

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

The authorization to initiate a debit 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.

| | |
|--------------------------------|------|
| Account Holder Signature | Date |
| Joint Account Holder 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 1.877.495.4717.