

LOAN ADMINISTRATION

Tired of Writing Checks and Paying Postage?

We offer a convenient system that automatically debits your payment each month from your checking or savings account. This service will:

- Eliminate the monthly check writing chore
- Save postage and the cost of checks
- Prevent lost or delayed payments by mail
- Provide a record of your payment on your bank statement

To take advantage of this **FREE** service, simply complete the Automatic Payment (ACH) Authorization below and return it with an unsigned voided check or encoded deposit slip preprinted with your name, account number and bank's ABA number to: Drafting Department, PO Box 77421 Ewing NJ 08628 or fax to 609.718.1735. Your bank's ABA number is located on the bottom left of your check or deposit ticket. ABA numbers starting with a 5, 6, 7, 8 or 9 are not valid. Please contact your bank if you are unsure if your deposit ticket contains a valid ABA number.

AUTOMATIC PAYMENT (ACH) AUTHORIZATION

Name: _____ Loan #: _____

I/We hereby authorize my/our lender to initiate a debit from my checking/savings account for my/our recurring scheduled 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:

Draft 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.

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

Bank Name: _____ City/State: _____

ABA/Bank Routing #: _____ Bank Phone #: _____

Please check one:

Account Type: Checking Savings Account #: _____

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 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 must be mailed to: Drafting Department, PO Box 77421 Ewing NJ 08628 or fax to 609.718.1735.

Account Holder
Signature: _____ Date: _____

Joint Account Holder
Signature: _____ Date: _____

If you have questions regarding this program, please direct your written correspondence to Customer Service, PO Box 77404, Ewing, NJ 08628 or call the Customer Service Department.