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.

- ✓ Eliminate the monthly check writing chore.
- ✓ Save postage and the cost of checks.
- ✓ Prevent lost or delayed payments by mail.
- ✓ Have 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 along with an unsigned voided check or encoded deposit slip to: Drafting Department, P 0 Box 77417, Ewing, NJ 08628.

AUTOMATIC PAYMENT (ACH) AUTHORIZATION

Name: _____ Loan: _____

I/We hereby authorize Security Federal Credit Union 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 Security Service Federal Credit Union notifies you that this authorization has been processed.**

Please check one:

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

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

Bank Name: _____ City/State: _____

ABA #: _____ 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 Security Service Federal Credit Union receives written notice from you of its termination at least 15 day prior to the next scheduled draft date, or in such manner and time frame as to afford Security Service Federal Credit Union and its correspondent bank a reasonable opportunity to act upon it.

Termination requests must be mail to: Drafting Department, P 0 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 Customer Service, P 0 Box 77404, Ewing, NJ 98628, or call the Customer Service Department.