Auto Loan Autopay Authorization



| Name | | Date | |
|---|--|--|---|
| FFL Loan # | | First Pay Due/ Pull Date | |
| Email Address | | | |
| Banking Institution | | Account Number | |
| Routing Number | | Re-enter Account Number | |
| Account Type | Checking Savings | | |
| Regular Payment | \$ | Additional Principal | \$ |
| have read and understand the date falls on a holiday or a non understand that if sufficient fowith First Federal Lakewood, not funds fee charged to the loan a pay or by making said payment understand that if sufficient for first Federal Lakewood, 3 additional further attempts will be made making said payment at a branch | unds are not in the checking/savings account on the tional attempts will be made to pull the funds. If fur and I must submit my payment to First Federal Lakech. | ds to my autopay account. business day. date of draw, and my checorized draw. There may be dederal Lakewood either by date of draw, and my checonds are not in the account twood either by mailing a count of the desired and account the desired account the desired and account the desired | cking/savings account is NOT a reject fee or insufficient mailing a check, online bill cking/savings account IS with prior to the 4th attempt, no heck, online bill pay or by |
| authorized signer of the bank a | ay be revoked at any time by written notice by eithe iccount provided above. | er First Federal Lakewood (| or mysett. I attest that I am a |
| Sign | Date | | |
| | | | |

Date

1 of 1

Please email questions and completed forms to: LS-autopayrequest@ffl.net

Sign