Autopay Authorization Form

First Federal Lakewood

110D

Name		Date	
Loan Number			
Email			
Banking Institution			
Account Number			
Re-enter Account Number			
Account Routing Number			
Account Type	☐ Checking ☐ Savings		
Regular Payment $			
Additional Escrow $			
Additional Principal $			

I, _____, hereby authorize and direct First Federal Lakewood to withdrawal the above sum from my bank account as specified above and apply this amount to my consumer loan on the date due of each month.

- ○ PAYMENT DUE DATE 1ST OF THE MONTH PER NOTE — Auto payment draw date (select only one date): 1
- ○ PAYMENT DUE DATE 15TH OF THE MONTH PER NOTE — Auto payment draw date (select only one date): 15
- ○ PAYMENT DUE DATE 21ST OF THE MONTH PER NOTE — Auto payment draw date (select only one date): 21

I have read and understand the terms set forth by First Federal Lakewood in regards to my autopay account. I understand that if my pull date falls on a holiday or a non-business day, the funds will be pulled the following business day.

I understand that if sufficient funds are not in the checking/savings account on the date of draw, and my checking/savings account is NOT with First Federal Lakewood, no further attempts will be made until the next authorized draw. There may be a reject fee or insufficient funds fee charged to the loan and my payment will need to be submitted to First Federal Lakewood either by mailing a check, online bill pay or by making said payment at a branch.

I understand that if sufficient funds are not in the checking/savings account on the date of draw, and my checking/savings account is with First Federal Lakewood, 3 additional attempts will be made to pull the funds. If funds are not in the account prior to the 4th attempt, no further attempts will be made and I must submit my payment to First Federal Lakewood either by mailing a check, online bill pay or by making said payment at a branch.

I understand this agreement may be revoked at any time by written notice by either First Federal Lakewood or myself. I attest that I am an authorized signer of the bank account provided above.

Sign _____ Date _____

Sign _____ Date _____

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