



Mortgage Automatic Payment (ACH) Authorization

We offer 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 form and return to: **ACH/Wire Department, GTE PO box 172599, Tampa, FL 33672-0599, or Fax 813-414-8515.** For faster processing, you can sign up for monthly Automatic Payments online at gtefinancial.org.

I/We hereby authorize my/our lender, its successors, assigns, and subservicers to initiate a debit from my/our checking/ 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 that you indicate below.

Name: _____

Loan Number: _____

Bank Name: _____

ABA Routing Number: _____

Account Number: _____

Account Type (please check one) Checking Savings

PAY TO THE ORDER OF: _____		
MEMO: _____		
⌘123456789	⌘123456789	⌘1234
^ ABA Routing Number	^ Account Number	^ Check Number

Draft my payment monthly (please check one)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> On the due date due date | <input type="checkbox"/> 1 day following due date | <input type="checkbox"/> 2 days following due date | <input type="checkbox"/> 3 days following due date |
| <input type="checkbox"/> 4 days following due date | <input type="checkbox"/> 5 days following due date | <input type="checkbox"/> 6 days following due date | <input type="checkbox"/> 7 days following due date |
| <input type="checkbox"/> 8 days following | <input type="checkbox"/> 9 days following | <input type="checkbox"/> 10 days following | |

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 or online through the website (gtefinancial.org) until you are notified that this authorization has been processed.**

Optional: In addition to my/our regular payment, please deduct an additional \$ _____ **per debit and** _____ apply to my loan (I understand that payments in excess of required payments due under the loan may be applied first to any late fees or other amounts due under the terms of the loan, and then as a reduction to principal). 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 business 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 can be mailed, or faxed to: **ACH/Wire Department, GTE PO box 172599, Tampa, FL 33672-0599, Fax 813-414-8515.**

Account Holder

Signature: _____ Date: _____

Joint Account Holder

Signature: _____ Date: _____

If you have questions regarding this program please visit gtefinancial.org.