



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. Pursuant to the terms of the note, 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. I (we) acknowledge that the origination of ACH Entry must comply with the provision of U.S law and the NACHA Operating Rules.

Name: _____

Mortgage Loan Number: _____

Bank Name: _____

ABA Routing Number: _____

Account Number: _____

Account Type (please check one) Checking Savings

Draft my payment monthly (please check one)

- On the due date 1 day following due date 2 days following due date 3 days following due date
- 4 days following due date 5 days following due date 6 days following due date 7 days following due date
- 8 days following due date 9 days following due date 10 days following due date 11 days following due date
- 12 days following due date 13 days following due date 14 days following due date 15 days following due date

PAY TO THE ORDER OF: _____		
MEMO: _____		
⌘ 1 2 3 4 5 6 7 8 9	⌘ 1 2 3 4 5 6 7 8 9	⌘ 1 2 3 4
^	^	^
ABA Routing Number	Account Number	Check Number

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.**

I (we) agree that if the initiated debit entry is returned by the receiving financial institution for any reason, a Returned ACH Fee will be applied to my GTE account (refer to Member Schedule of Current Charges for amount). I/We understand and agree that the company may at its discretion resubmit the ACH debit entry as permitted by the NACHA Rules. In the event there is an error in the processing of my (our) transfer, I (we) authorize GTE to initiate debit or credit entries to my account to correct such errors, provided that any corrections are made in accordance with applicable laws and regulations. I (we) understand that GTE may cancel this agreement at their discretion.

Account Holder

Signature: _____ Date: _____

Joint Account Holder

Signature: _____ Date: _____