



AUTHORIZATION AGREEMENT FOR DIRECT MORTGAGE PAYMENTS

I (we) authorize The Bank of Versailles to initiate automated debit entries to my (our) checking/savings account for my (our) monthly mortgage payment, to cover any amounts due, including principal, interest, and any escrow payments on my (our) loan account on the due date.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

I understand that three or more payments in a 12-month period resulting in an overdraft of my account may result in termination of the Direct Payment plan. This authorization will remain in effect until The Bank of Versailles has received written notification from me of its termination in such time and manner as to afford The Bank of Versailles and my financial institution a reasonable time to act on it.

Depository Name _____

City _____ State _____ Zip _____

TRANSIT / ABA NO. _____

Account Number to Debit _____

Checking _____ Savings _____ (select one)

Amount _____

Payments to begin _____ and continuing weekly, bi weekly, semi-monthly, or monthly (circle one).

(If payment date falls on a Saturday, Sunday or a holiday, your transaction will be posted on the next business day)

Account No. to **CREDIT** _____

Account Holder Name _____

Signature _____

Date _____