

## **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			
		Zip	
TRANSIT / ABA NO			
Account Number to Debit			_
		(select one)	
Amount ****I (we )understand this Escrow Analysis Statement		y based on my (our) "Annual	
Payments to beginmonthly (circle one).	and continuing wee	ekly, bi weekly, semi-monthly, or	r
(If payment date falls on a Saturday, So	unday or a holiday, your transaction will	pe posted on the next business day)	
Account No. to CREDIT			
Account Holder Name			
Signature		Date	