



Loan Administration

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 the Automatic Payment (ACH) Authorization below and return it to: **Drafting Department, PO Box 77421, Ewing, NJ 08628, Fax: (609) 718-1735, or Email to customerservice@loanadministration.com. For faster processing, you can sign up for monthly Automatic Payments online at <https://www.vacu.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.

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 (<https://www.vacu.org>) until you are notified that this authorization has been processed.**

Name: _____ Loan Number: _____
Bank Name: _____ ABA #: _____
Account Number: _____ Account Type (please check one): [] Checking [] Savings

Draft Monthly On the _____ day of each month. **You may select any day between the 1st through the 10th of the month.**

My Name My Address City, State, Zip	1234	
	Date: _____	
PAY TO THE ORDER OF: _____	\$ <input type="text"/>	
	DOLLARS	
MEMO _____		
⌘ 123456789	⌘ 123456789	⌘ 1234
ABA Routing Number	Account Number	Check Number

Optional: In addition to my/our regular payment, please deduct an additional \$ _____ **per debit** and apply to the principal. The authorization to initiate a debit from your account will remain in full force and effect until your 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 your lender and its correspondent bank a reasonable opportunity to act upon it. Termination requests can be mailed, faxed, or emailed to: Drafting Department, PO Box 77421, Ewing, NJ 08628 Fax: (609) 718 -1735 Email: customerservice@loanadministration.com.

Account Holder
Signature: _____ Date: _____
Joint Account Holder
Signature: _____ Date: _____

If you have questions regarding this program, please visit <https://www.vacu.org> or email customerservice@loanadministration.com.