



AUTOMATIC LOAN PAYMENT AUTHORIZATION

Instructions: Complete the Authorization form below and make a copy of the completed Authorization form for your records. If you are using a checking account for Automatic Debit, you must send a voided check from the account you wish to be debited. If you are using a savings account, you must send a pre-printed savings deposit ticket that includes the ABA number and your account number. Failure to do so may result in the rejection of your payment entries. Allow 30 days for authorization and changes to take effect.

Check One: New Change Cancel - effective _____ (Cancellation request must be received at least 5 days prior to the next transaction date)

Name of Borrower(s)	
Loan Number	Daytime Phone Number

I hereby authorize Central Federal to initiate debit entries to the Financial Institution listed below and to adjust said debit entries per the terms of the note including any escrow adjustments. Central Federal is authorized to correct any debit entry originated in error. Payment dates that fall on a non-business day or holiday will be processed the following business day. Payments returns will be reversed and will not be resubmitted. I understand that Central Federal is not responsible for any fees, penalties or late charges imposed by the originating Financial Institution. Repeated returned payments will result in termination from the program. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

If your final deduction is greater than your final payment, the remainder will be returned to you.

Monthly on _____ (Please choose between the 1st and the 15th of the month)

OPTIONAL: In addition to my regular payment, please deduct an additional \$ _____ each month and apply to principal.

Amount: \$ _____ **Payment Start Date:** _____ (We must receive this authorization at least 30 days prior to the first or next due date.)

Depository Institution		ABA Number (Routing Number)					
City	State	Zip	Institution Phone Number				
Name on Account (must be signer on the loan)	Account Number	Choose One					
		Checking	Savings				

This authorization is to remain in full force and effect until Central Federal has received a written request to terminate this authorization in such time and in such manner as to afford Central Federal a reasonable time to act on it. By signing below, I agree to the terms and conditions of this Agreement.

Customers Signature(must be signer on the loan)	Date

A VOIDED CHECK OR PRE PRINTED SAVINGS DEPOSIT TICKET MUST BE ATTACHED TO INITIATE YOUR ACH AUTOMATIC PAYMENT

Please fax to (708) 863-5601, send an email to loanservicing@centralfederalavings.com or mail the completed form with attachments to:

Central Federal
5953 W Cermak Rd
Cicero, IL 60804

If you have any questions, please contact Loan Servicing at 708-656-5000.

CENTRAL FEDERAL USE ONLY

Date Received: _____

Initials/Teller Number: _____

Processed By: _____

Date Processed: _____