**Automated Payments (ACH)**

**Customer Authorization**

Your monthly payment will be automatically deducted from your checking/savings account on the **1s**t day of each month using the Federal Banking System’s ACH program. Complete the information below and **attach a voided check.**

**Customer Information:**

Lake City Servicing Acct. #:

Name:

Address:

City: State: Zip Code:

Telephone #:

E-Mail (for notification of deposit):

**Banking Information:**

Name of Primary Bank:

Type of Account: ○ Personal ○ Business

○ Checking ○ Savings

Routing Number: Account Number:

I/We hereby authorize a monthly ACH electronic debit from the account designated above to be paid to Lake City Servicing in payment for services rendered to me/us, not to exceed the amount agreed to by me/us below.

I/We understand that should my bank dishonor my/our automated payment for insufficient or uncollected funds, the original amount, late fee (if applicable) plus an additional **$50.00** NSF check fee will be charged to my/our loan account and may be electronically debited from my/our account as stated in the ACH Authorization.

I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. Law.

**Agreed Upon Amount and Terms:**

My account will be debited on the **1st** day of each month per the Promissory Note due date, or next business day if debit falls on a weekend or holiday. This will begin with my first payment due.

My payment amount is: $ .

**NOTE:** If changes need to be made to the banking information, please contact Lake City Servicing **no less than 15 days** prior to the next scheduled debit date.

Signature Date

**Please remember to send a VOIDED Check with this request!!!**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FOR LAKE CITY SERVICING USE ONLY** | | | | |
| Date Received: | Set-up Completed Date: | Processed By: | Verified by: | Date Verified: |
|  |  |  |  |  |