



Automated Payments (ACH)
Customer Authorization

Your monthly payment will be automatically deducted from your checking/savings account on the 1st 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!!!

Table with 5 columns: Date Received, Set-up Completed Date, Processed By, Verified by, Date Verified