

CFAB
P. O. Box 92070
Anchorage, Alaska 99509

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I(we) hereby authorize CFAB to initiate debit entries to my(our) Checking Account Savings Account (select one) indicated below at the Financial Institution named below. I(we) acknowledge that the origination of ACH transactions to my(our) account must comply with the provisions of U. S. law.

As an enrollee in this program, I understand that:

1. I will receive a bill each month even though I am on the automatic payment plan, it will tell me the amount that will be charged to my account.
2. If my enrollment is near the date my payment is due, I will need to send that month's payment. The next month's payment will be automatically charged to my account.
3. If my account is denied for whatever reason, CFAB will attempt to contact me for an alternate payment arrangement. My loan will be subject to the remedies specified in my loan documents should payment not be made.
4. If my account is denied for whatever reason, CFAB is authorized to charge my loan a \$30 NSF fee.
5. **I will notify CFAB at (907) 276-2007 if I wish to cancel this agreement. CFAB will cancel this agreement at any time with 30 days written notice.**

Financial Institution _____
Branch _____
City _____ State _____ Zip _____
Routing Number _____
Amount _____
This authorization is to remain in full force and effect until CFAB has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CFAB and the Financial Institution a reasonable opportunity to act on it.
Name(s) _____
Account Number _____
Date _____
Signature _____
Signature _____
NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.
This section is for Bank Use Only
Reviewed /Approved by _____ Date _____

AutoPay Details

With AutoPay your payment will be paid automatically from your bank account. Payments will be charged within one to three working days before the due date. You will continue to receive your regular payment notice, which allows you time to review it before the payment is processed.

Your account must be current at the time of enrollment. If your enrollment date is too close to the next due date on your account, you may need to pay the amount due while the automatic payment program is being set up.

If the financial institution declines your automatic payment for any reason, we will attempt to contact you for alternate payment arrangements. If you cannot be reached and/or alternate payment arrangements are not made, your loan will be subject to the remedies specified in your loan documents. If payment is declined twice in a 12 month period, CFAB may cancel your participation in the program. A \$30 NSF fee will be assessed on all AutoPays that are denied.

You must notify CFAB of changes in bank account numbers. If you fail to provide this information prior to the due date and CFAB is unable to process payment, you will be responsible for making an alternative payment arrangement and payment will be subject to the remedies specified in your loan documents. You can contact us by phone at the numbers listed below or write CFAB, PO Box 92070, Anchorage, Alaska 99509.

Your final payment will not be deducted automatically from your account as the due date and amount may differ from other payments. CFAB also reserves the right to cancel this arrangement at any time upon 30 days written notice.

Mail your completed agreement along with a voided check or deposit slip directly to:

**CFAB
PO Box 92070
Anchorage, Alaska 99509**

Questions? Call **CFAB (907) 276-2007** or toll-free **(800) 544-2228** or email us at webmail@cfabalaska.com.