



**This is an authorization agreement for automated payments made to your loan.**

**Loan Number:** \_\_\_\_\_

I authorize First Federal Savings Bank to electronically transfer funds from the account listed below to my Loan listed above.

**Financial Institution (From):** \_\_\_\_\_

**Type of Account:**  Checking  Savings

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**First Payment Date:** \_\_\_\_\_

**Frequency:**  Weekly  Bi-weekly  Monthly

**Payment Amount:** \$ \_\_\_\_\_

Apply any sum over the required monthly payment to the principal balance of this loan

- I understand the electronic withdrawal amount will vary with changes in escrow or principal and interest components, if applicable.
- I must maintain sufficient funds in my account for withdrawal of my monthly payment.
- I understand requests for changes or cancellations must be made three days in advance of the next payment date.
- I understand there will be a charge to the Checking/Savings account listed above when funds are insufficient to allow the scheduled transfer.

**Authorization:** By signing below, I authorize First Federal Savings Bank to act on the above instructions regarding the described transfer(s) of funds, effective as of the date signed. This Authorization will remain in effect until terminated in writing by either Depositor or First Federal Savings Bank.

**Depositor Signature:** \_\_\_\_\_

**Depositor Name (Print):** \_\_\_\_\_

**Date:** \_\_\_\_\_

Attach a copy of a voided check to this completed agreement and email it to [DepositOperations@fbei.net](mailto:DepositOperations@fbei.net)

Or

Mail to: First Federal Savings Bank Attn: Deposit Operations, P.O. Box 1111 Evansville, IN 47706-111