

Agreement of Authorization of monthly Electronic Funds Transfer Program

Although you completed all the paperwork required to start the allotment, from time to time military allotments do not begin as agreed upon by the lender who satisfied this debt. Therefore to insure that your account stays current, we require a secondary payment plan. This will only be initiated if your allotment does not start when the first payment is due or if your allotment stops before your debt is satisfied with the lender.

Please use the bank that your direct deposit goes to as listed on your LES and Net Pay EFT.

I _____ hereby authorize the lender who satisfied this debt to debit my checking / savings account or Visa / MasterCard debit card. The lender will deduct \$_____ on the 1st or 15th (or there about) of each month if my allotment is not received when my first payment is due and will continue every month until my allotment payment reaches the lender assigned to this debt.

If the funds are not available on those dates stated above, I further authorize the lender to continue to attempt to debit my accounts attached and any other future accounts made available to the lender as required to bring my loan current. I realize this is to my advantage, to prevent my account from becoming delinquent.

I further authorize the lender to debit my account or any future accounts obtained by the lender if my allotment stops before this debt is satisfied.

I understand a Pre-Printed Voided Check, Deposit Slip or a Direct Deposit Net Pay EFT Print Out from the account that the electronic transfer would come from along with a copy of a valid ID (showing SSN) must accompany this form. If using MasterCard/ Visa card, please provide a copy of the front and back of the card.

All names listed on the account: _____

Bank Name: _____

Bank City: _____ Bank State: _____

Account #: _____

I understand that this process will ONLY be used if my allotment should not reach the lender as specified or should my allotment stop before this debit is satisfied.

Signature: _____ Date: _____

Soc. Sec No: _____

DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

Assigned Lender: _____

Account Number: _____