Autopay Authorization Form

Signature



			123D
Name		Date	
Loan Number			
Banking Institution			
Account Number			
Account Routing Number			
Regular Payment \$			
Additional Escrow \$			
Additional Principal \$			
PAYMENT DUE If have read and understand the fon a holiday or a non-business do I understand that if sufficient fur with Blue Grass Federal, no furt charged to the loan and my payr said payment at a branch. I understand that if sufficient fur	Tied above and apply this amount to my management of the month per note of the month per	uto payment draw date (se gards to my autopay account on the day, at on the date of draw, and authorized draw. There may ass Federal either by mailing on the date of draw, and date of date of draw, and date of date of draw, and date of	lect only one date): at. I understand that if my pull date falls my checking/savings account is NOT be a reject fee or insufficient funds fee g a check, online bill pay or by making my checking/savings account is with
	attempts will be made to pull the funds. I st submit my payment to Blue Grass Feder		
I understand this agreement ma terminate this authorization.	y be revoked at any time by written notice	e by either Blue Grass Federa	al or myself. There may be a fee to
Signature		Date	

ATTACH A VOIDED CHECK FOR VERIFICATION. NO DEPOSIT SLIPS PLEASE.

Date

NAME			123
ACCOUNT NO.			-1/
PAY TO THE ORDER OF	- ACTU	AL CIS	DATE
THE BANK OF WASHINGTON			DOLLARS
FOR 1:1251083661:	123456789"	753	
ABA / Transit Routing Number	Bank Account Number	Check Number	

REV. 10/2020 1 of 1