Automatic Draft Authorization Form (ACH Debit - EFT)

Complete form, sign and return to:

Providing incorrect information or an incomplete form may delay processing.

AJ Smith Federal Savings Bank 11275 West 143rd Street Orland Park, IL 60467

Customer Name	Customer Account Number
Loan Number	Payment Amount Date to Initiate EFT-ACH
financial institution listed below to pay the AJ Smith I be updated to reflect changes in the payment amou equity line of credit, or a line of credit; advances take or promotion made or approved by AJ Smith; or as up to 30 calendar days to process and initiate this printing at the address listed above at least 30 days payment authorization is further subject to terms of	to initiate scheduled debit and credit entries on the account at the loan specified above. I understand that the amount of the debit will unt due to interest rate changes in a variable rate mortgage, home ten against a line of credit; participation in any other program, offer to otherwise allowed per my loan agreement. I agree that it may take payment method for my loan, and that I must notify AJ Smith in in advance to cancel this payment authorization. I agree that this if the AJ Smith Account Agreement & Disclosures, including the AJ Smith may assess one or more fees for returned items.
Financial Institution Name Account Type: (please check one) savings or checking	Financial Institution Phone Number
Account Number	ABA/Routing & Transit Number → (9-digit number on bottom of your checks or deposit slips)
I understand and agree that if my account at the depository financial institution listed above does not have sufficient funds to make my loan payment, AJ Smith will not be responsible or liable for any penalties or charges assessed by any other financial institution as a result of such insufficiency. I acknowledge that, in the event AJ Smith Federal's additional attempt to collect my payment via EFT-ACH are unsuccessful, I must make my loan payment by other means. I understand that AJ Smith will assess a fee to my loan(s), in addition to any other fees and/or	JAMES C. SAMPLE MARY A. SAMPLE 1766 SHERIDAN DR. YOUR CITY, STATE 02004 PAY TO THE ORDER OF DOLLARS TO MARKET Financial Institution Anytown, USA MEMO MP
charges, as a result my account at the depository financial institution listed below having insufficient funds.	ABA/Routing & Account Number Check Transit Number Account Number Check Number
Customer Signature (required)	Date Equal Housing Len