

# Commercial Loan Automatic Payment Service

Member Number: \_\_\_\_\_ Name of Business: \_\_\_\_\_

Commerical Loan Account Number: \_\_\_\_\_ New Payment Request:  Change to Existing Payment Request: 

I (we) hereby authorize Xceed Financial Federal Credit Union and its successors, assigns, authorized agents or any entity servicing my loan on their behalf (hereinafter called THE LENDER) to initiate loan payment debit entries (which may vary from the amount indicated below with future changes in escrow, principal and interest components, as applicable) to my (our) Checking or Savings Account indicated below and the depository named below to debit the same to such account. I (we) understand that if any debit entries under this authorization are returned for insufficient funds or otherwise dishonored, I (we) will promptly send THE LENDER the total monthly payment due, plus any late charge(s) or other fees due under my loan. I (we) authorize THE LENDER to electronically credit my (our) account if necessary, to correct erroneous debits. I (we) agree that ACH transactions I (we) authorize comply with federal law.

**DEPOSITORY INSTITUTION INFORMATION:**

NAME OF BANK: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ABA ROUTING NUMBER: \_\_\_\_\_

ACCOUNT TYPE:  CHECKING or  SAVINGS

NAME(S) ON BANK ACCOUNT: \_\_\_\_\_

SIGNATURE: (ACCOUNT HOLDER): \_\_\_\_\_

DATE: \_\_\_\_\_

**BORROWER INFORMATION:**

DAY PHONE: \_\_\_\_\_

EVENING PHONE: \_\_\_\_\_

**PAYMENT INFORMATION:**

DATE OF SCHEDULED MONTHLY PAYMENT: \_\_\_\_\_

START DATE OF FIRST PAYMENT: \_\_\_\_\_

MONTHLY PAYMENT AMOUNT: \$ \_\_\_\_\_

This authorization is to remain in full force and effect until THE LENDER has received written notification from me (us) of its termination in such time and in such manner as to afford THE LENDER a reasonable opportunity to act upon it. THE LENDER may terminate this agreement at any time, with written notice sent to me.

**IF NOT SIGNING ELECTRONICALLY, PLEASE RETURN THIS FORM FOR PROCESSING:****By Fax:** 310.322.8961

Attention: Operations

**By Mail:**

Xceed Financial Federal Credit Union

Attention: Operations

888 North Nash Street

El Segundo, CA 90245

**CREDIT UNION USE ONLY**

Date Received by Associate: \_\_\_\_\_ Associate Name: \_\_\_\_\_

Date Processed by Operations Department: \_\_\_\_\_ Associate Name: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Date of First Entry: \_\_\_\_\_

Letter of Revocation Received: \_\_\_\_\_