



Authorization to Debit Account for Payment-Commercial

3 Easy Steps!

- 1** Fill-in and check all applicable pieces of information contained within this form.
- 2** Attach a voided check to this form to confirm your account and routing numbers.
- 3** Mail or fax this completed form and your voided check to
Rocky Mtn & NorthWest Customers:
 KeyBank
 Attn: Commercial Client Services
 P.O. Box 5278
 Boise, ID 83705-0278
 Fax: 1-800-574-0634
Great Lakes & NorthEast Customers:
 KeyBank
 Attn: Commercial Client Services
 P.O. BOX 94831
 Cleveland, OH 44101-4831
 Fax: 1-800-574-0634

Information

Date

Customer Name

Lending Office

Requested By

Requester Phone

Select One:

New Change Delete

Authorization

- You are hereby authorized to charge my/our account (number shown below) for the regular payments due on the loan (number shown below) on the date each payment is due.
- I authorize you to transfer amounts subject to change without prior notification to me of the new amount to be transferred due to: (1) late charges assessed; (2) delinquent amounts due; or (3) any other payment amounts required under the terms of the loan identified below. You may at your option discontinue automatic funds transfer from my account if I fail to maintain adequate funds in my account to cover the payments required under the terms of my loan. You shall not be liable for dishonoring checks or other items due to insufficient funds caused by the honoring of this authorization. All transfers for payment of my loan will be made on each loan payment due date. It is further understood that I may terminate this authorization by giving not less than three (3) days written notice to the Loan Services Department*.

Obligor Number

Obligation(s) Number

-
-
-



Authorization to Debit Account for Payment-Commercial

Account Information

Charge the account number as shown below. (Check one)

Checking Statement Savings

Account No. _____

ABA No. _____

Authorized Signature

I understand that it is my responsibility to ensure that there are always sufficient funds in my account to cover any debit authorized herein, and to otherwise ensure that payments on my loan are made timely.

Authorized Signature(s): (signature(s) used on account)

Signature

Signature

Address

Address

City State Zip

City State Zip

* Please note that if the customer received an interest rate discount on the above loan in connection with the opening of the above Business Checking Account and this Authorization, if customer later terminates this Authorization or closes the Business Checking Account, KeyBank reserves the right to increase the interest rate on the loan by .25%.