

Authorization to Debit Account for Payment

Consumer Loan Number:	Date:
Borrower Name:	
Select One:	
Add New Transfer:	Change Transfer:
	Delete Transfer:

Authorization

I authorize and direct Lender to transfer money electronically from my/our checking or savings account (number provided below) to repay the loan or line of credit identified above. I further authorize Lender to charge the Account identified below for all payments due on the Loan identified above beginning on ___/___/___ and recurring on the ___ day of the month every month thereafter until the Loan is paid in full or I withdraw this Authorization. If the payment due date falls on a date that Lender does not process payments, the payment will be deducted on the following business day. I understand that my payment amount(s) may vary due to (1) late charges assessed; (2) delinquent amounts due; and/or (3) any other amounts required under the terms of the Loan, including any unpaid fees (except fees for payments returned unpaid) and delinquent amounts currently due on the above Loan on the date of this Authorization. If the Account does not have sufficient funds, Lender may, but is under no obligation to, continue to attempt to deduct the payment until successful. Lender may discontinue automatic funds transfers from my Account if I fail to maintain adequate funds in my Account to cover the payment required under the terms of my Loan. I understand that I am not required to provide this Authorization in order to be approved for my Loan and that I may cancel this Authorization by giving written or verbal notice to Lender at least three (3) business days prior to the next payment due date. Lender may cancel this Authorization by giving me written notice.

The following applies if checked: [] Lender may consider the availability of a line of credit attached to the Account to determine whether there are sufficient funds to make the payment, although Lender is not required to do so. [] Lender may not consider the availability of any line of credit attached to the Account to determine whether there are sufficient funds to make the payment.

Payment Information

The following payments are to be made by automatic withdrawal pursuant to this Authorization:

First Automatic Payment Date:
Initial Payment Amount:
Frequency:
Payment Schedule:

Payment Amount (select one):

- This is a line of credit and the monthly payment amount will vary depending on the amount owed. In lieu of providing a payment range, a monthly statement will be provided at least ten days prior to the payment due date, and will serve as notice for varying payment amounts.
- The payment on this account is fixed and the monthly payment amount will be \$ _____ per month plus any Additional Principal Payment or other amount authorized herein. In the event that the payment amount should vary outside of this range, notice will be provided in writing at least 10 days prior to the payment due date.

Authorization for Additional Principal Payment of: \$

In addition to amounts described above and required under the terms of the Loan identified in this Authorization, I authorize and direct Lender to charge my Account and to electronically transfer money as an additional monthly principal payment in the amount stated to be applied to the principal balance of the Loan until such time as said Loan is paid in full or I provide Lender with notice of cancellation pursuant to the terms of this Authorization.

Preauthorized Electronic Funds Transfer Agreement

To Financial Institution:

Routing No.:

Lender is hereby authorized and directed to electronically debit payments in the amounts and at the times shown above from the following Account and to apply these payments to the Loan identified above.

[] **Checking** [] **Savings** **Account No.:**

You may accept a facsimile of this Authorization and you are hereby held harmless from all suits, claims, and damages you may incur by following the instructions contained herein.

A Voided Check Must Be Attached to Verify the Routing and Transit Information for the Financial Institution

Acknowledgement

I acknowledge reading this Authorization and receiving a copy to retain for my records, and agree to its terms.

_____	Date	_____	Date
_____	Date	_____	Date

Please complete this form in its entirety and return to:

KeyBank **OR** Fax (216) 370-6256 **OR** Consumer Client Services
 Consumer Client Services OH-01-LS-ACHS
 4910 Tiedeman Rd
 Brooklyn, OH 44144
 OH-01-LS-ACHS