



Authorization Agreement For ACH Transactions MORTGAGE

Automatic Payment Debit Authorization

New Change

Instructions: Complete the Authorization Agreement below and make a copy of the completed Authorization form for your records. If you are using a checking account for Automatic Debit, you must send a voided check from the account you wish to be debited. If you are using a savings account, you must enclose a pre-printed savings deposit ticket that includes the ABA Routing Number and your account number. Failure to do so may result in the rejection of your payment entries.

Name on Coastal Account	Coastal Account Number	Daytime Phone Number
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Debited Financial Institution		ABA Routing Number
City	State	Zip Code
Name on Account		Account Number

I (We) hereby authorize Coastal Federal Credit Union ("CFCU") to DEBIT my **Checking** or **Savings** account with the Debited Financial Institution named above to make my scheduled mortgage payment. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law. **I (We) understand that Coastal is not responsible for any fees, penalties or late charges, which may arise when funds are not available and the ACH debit is rejected.** I (We) also understand that any rejected debits may be resubmitted. Payment dates that fall on a **non-business day** will be posted on the **next** business day.

The Automatic Payment will be applied to Mortgage Loan Number _____ on the first day of each month, the payment due date. My payment amount should be my scheduled loan payment amount or _____. **If your final deduction is greater than your final payment, the remainder will be deposited into your savings at Coastal.**

I (We) understand that Automatic Payments will begin on the first due date **AFTER** the submission of this form. Payments should be remitted by check until that time. Please start my automatic payments in _____.

(Indicate Month)

This authorization is to remain in full force and effect until CFCU has received written authorization from me (or either of us) of its termination in such time and in such manner as to afford CFCU and the Debited Financial Institution a reasonable time to act on it. Two consecutive failed payments **may** result in termination.

Account Holder Printed Name	Signature	Date
Joint Holder Printed Name	Signature	Date

****A Voided Check Must Be Attached to Initiate Your ACH (Automatic Payment)****

Please return completed form (original only, no faxes) with attachment to:

Coastal Federal Credit Union
Attn: ADS Department
P.O. Box 58429
Raleigh, NC 27658
1-800-868-4262

No Faxes Accepted, please!