

- You will be notified in writing of the effective date of the first draft. **You must continue to make your monthly payments until you receive such written notification.** If you do not have a coupon, you may mail your payments to the address below. Please be sure to include your loan number on the check.
- The funds will be drafted from your account on the day of your choice between the first (1st) and fifteenth (15th) of each month (if applicable). If your draft date falls on a weekend or holiday, we will draft on the next business day.
- This form must be received in our office at least five business days prior to the draft date requested; otherwise, the draft date will be established for the following month.
- Any changes to your bank account number or routing number must be made in writing to the Member Services Department. Please indicate the month you want the change to be effective. The changes must be received in our office at least five business days prior to that effective date; otherwise, the change will be established for the next month.
- This authorization will remain in effect until you revoke it or ORNL Federal Credit Union cancels it. If you would like to cancel this service, ORNL Federal Credit Union must receive your notification at least five business days prior to the date you would like it to be effective either by fax or calling the Member Services Department.
- ORNL Federal Credit Union has the right to cancel this service if we receive four (4) insufficient funds notifications from your banking institution in a rolling 12-month period.
- You have the option to include an additional deduction to be applied to your principal balance. This is a fixed amount in addition to your monthly payment and must remain constant. This additional deduction will continue as long as the automatic draft is in effect. If you wish to change or delete the additional principal portion, we must receive your request at least five business days prior to the draft date.
- If your loan is an ARM loan, Interest Only loan or has an Escrow Account; and there is a change in the monthly payment, the new amount plus any additional principal you previously requested, will be debited from your account.
- If this form is returned with incomplete information, we will be unable to process your request and the form will be returned to you for correction.
- You may fax your request for changes or deletion to 865.220.7800 or e-mail to [ornlfcuserVICING@7.coop](mailto:ornlfcuserVICING@7.coop).

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Co-Borrower

\_\_\_\_\_  
Loan ID

My signature below indicates that I have read, and agree with, the ACH Terms of Service for automatic withdrawal. Should I choose to cancel this service at a later date, I will provide the required five (5) business days' notice. I authorize ORNL Federal Credit Union to make my mortgage loan payment each month by charging my bank account on the date that I have provided, but no sooner than the month I have indicated below. Please charge my bank account as follows:

*Monthly Payment Amount	\$
Additional Principal (if any)	\$
Total Amount To Be Deducted	\$

\*If your loan is escrowed, is an interest only loan, or is an ARM loan and there is a change in the monthly payment, the new amount plus any additional principal as indicated above, would be the amount debited.

The day of the month I would like my payment draft is (1st-16th): \_\_\_\_\_

The month that I would like the drafting to begin is: \_\_\_\_\_

This form must be in our office at least five full business days prior to the draft date requested. You will be notified of the effective date of the draft.

EXAMPLE 1

123

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

MEMO \_\_\_\_\_

| : 1 2 3 4 5 6 7 8 9 | :      012345 ||      0123

ROUTING NUMBER (9 DIGITS)      ACCOUNT NUMBER      CHECK NUMBER

EXAMPLE 2

123

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

MEMO \_\_\_\_\_

| : 1 2 3 4 5 6 7 8 9 | :      0123      012345 ||

ROUTING NUMBER (9 DIGITS)      CHECK NUMBER      ACCOUNT NUMBER

Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please indicate one:      Checking Account      Savings Account