



Community Reinvestment Fund, USA
801 Nicollet Mall, Suite 1700 West
Minneapolis, Minnesota 55402
800 475.3050/612 338.3050 tel
612 338.3236 fax www.crfusa.com

Capital for Communities—
Opportunities for PeopleSM

AUTHORIZATION FOR AUTOMATIC PAYMENTS

I/We authorize **Community Reinvestment Fund** to initiate entries to my checking/savings accounts at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Community Reinvestment Fund is notified by me/us in writing to cancel it in such time as to afford Community Reinvestment fund and the financial institution a reasonable opportunity to act on it.

Name on Account (**Must be the same as Borrower's**)

Loan ID

Name of Financial Institution

Address of Financial Institution (Branch, City, State and Zip Code)

Routing Number

(Between the |: symbols on the left-hand side)

Checking / Savings Account Number

(Please circle which type of account)

\$ _____

Amount of Withdrawal

First Withdrawal Date

(Payment Draft cannot be prior to Due Date)

Signature(s)

Date

Please note:

- **Attach voided check or savings deposit ticket – it is required to set up the automatic payment program.**
- Be sure that the amount of your withdrawal is available in your checking/savings account on the day of withdrawal. If an automatic payment is returned due to non-sufficient funds, an NSF fee will be assessed to your loan account. A personal check or money order must be submitted for replacement of the returned draft. We will discontinue any automatic payment withdrawals if the loan is not current by the next withdrawal date.