

Automatic Payment Authorization

By signing this agreement, I authorize you to debit my checking or savings account ("Account") to make my payment.

LOAN NUMBER

BORROWER'S NAME

ADDRESS

CITY

STATE

ZIP

MY ACCOUNT IS AT (NAME OF FINANCIAL INSTITUTION)

Check here if Savings Account

☐

ROUTING NUMBER

ACCOUNT NUMBER

PAYMENT DUE DATE: (Please check the box if changing the date.) ☐ +/- _____ DAYS

Payments can be pulled up to 10 days before or after your due date. If you would like the payment pulled on your due date, please enter 0 or leave this field blank.

REGULAR PAYMENT AMOUNT (Please check the box if changing the amount.): ☐

For loans with set payment amounts, please indicate if you want an additional to principal amount. \$ _____

1. If the day you have marked falls on a holiday or weekend, the payment will be debited from your account on the next business day.

2. Amount to be debited will reflect any change in your loan payment resulting from:

- a change in escrow (taxes and insurance)
- changes to the principal and interest amount for variable payment loans

3. Questions should be directed to 855-342-3400

4. Mail to: FIRST INTERSTATE BANK, PO BOX 30918, BILLINGS, MT 59116

5. Please attach voided check.

I understand the automatic transfer will take place in accordance with my payment schedule, and will occur until I revoke authorization or the loan is paid-in-full. I also understand that there will not be an automatic transfer if my loan is delinquent, and that the transfer will be reversed if there are insufficient funds in the designated checking or savings account. I agree that you may reinitiate any charge to my Account that is unsuccessful, and that you may initiate a charge to my Account to correct any error the bank may make in seeking any payment. I will be responsible for sending you a replacement check which will include late payment and insufficient fund charges. I understand that the bank where my Account is held may charge me a fee if a payment is returned for insufficient funds, and I agree you will have no liability for any such fee. This authorization will remain in effect until you receive my written notice of cancellation (with reasonable time for you to do so), or give me 15 days advanced notice of termination. I understand that my final loan payment may be for a different amount than my previous payments. If so, this Automatic Payment Authorization may not permit you to complete that payment.

BORROWER SIGNATURE

DATE

HOME PHONE NUMBER

BUSINESS PHONE NUMBER



10.18.24

firstinterstate.com
Member FDIC. Equal Housing Lender.

