

**AUTOMATIC PAYMENT AUTHORIZATION – REAL ESTATE LOANS (RESIDENTIAL)**

**Instructions:** Please complete all sections below to set up or change an existing automatic loan payment. To cancel an existing authorization, check the appropriate box and complete Part 1 only. Sign and date the completed form and return to a Bethpage branch, mail to the above address; or send electronically through DocuSign if available. We must receive this authorization at **least 5 business days** before the Due Date of your payment; otherwise the first monthly transfer will occur the following month.

Please check the appropriate box below:

**Set-up New Automatic Payment**     **Change an Existing Automatic Payment**     **Cancel Existing Automatic Payment**

**PART 1: LOAN ACCOUNT INFORMATION ("TRANSFER TO")**

Member Name:	Loan Account Number:
Loan Product: <input type="checkbox"/> Mortgage <input type="checkbox"/> Home Equity Loan <input type="checkbox"/> Home Equity Line of Credit "HELOC" (opened prior to 7/16/2018) <input type="checkbox"/> Home Equity Line of Credit HELOC PLUS (includes fixed rate loan option)	

**PART 2: ACCOUNT INFORMATION FOR PAYMENT TRANSFER DEBIT AMOUNT ("TRANSFER FROM")**

*NOTE: If the account is external, provide a voided check or an account verification letter on the Financial Institution's letterhead.*

Account Owner:	Account Number:
Financial Institution Name:	ABA Routing Number:
Account Type: <input type="checkbox"/> Personal Checking (attach voided check) <input type="checkbox"/> Personal Savings	

**PART 3: PAYMENT INFORMATION (weekly, bi-weekly, or semi-monthly payments are not permitted)**

**Monthly Payment Amount<sup>1</sup>:**

Internal and external transfers available for all products except for the HELOC PLUS (HELOC opened after 7/16/18). Automatic payments to the HELOC PLUS must be from an internal checking or savings account<sup>2</sup>.

- Amount Due
- Amount Due plus optional additional principle \$\_\_\_\_\_ (check box and enter additional principle amount).

<sup>1</sup> Refer to your loan agreement and statements for payment information and terms.

<sup>2</sup> Automatic transfers to your checking or savings account from another institution to cover your payments may be set up by completing the Transfer Authorization ACH (Automated Clearing House) Debit Origination Agreement form, available online in the "Forms" section or by contacting a branch or call center representative).

**Monthly Payment Transfer Date:**

The payment transfer day is the payment due date. If the payment due date is not on a business day (Monday through Friday excluding holidays), the transfer will occur on the next business day.

**PART 4: SIGNATURE OF OWNER OF ACCOUNT BEING DEBITED**

By completing and signing this form, you authorize Bethpage Federal Credit Union to set up or change your automatic payment transfer from your internal account or through the Automated Clearing House (ACH) system, as applicable. You understand Bethpage will not be liable for any loss or damages if the information provided is inaccurate, the amount drawn is incorrect, or if the payment is initiated untimely. The account owner is fully responsible for all loan payment(s) and charges that may be assessed if funds are not available at the time of transfer. Whether or not the automatic transfer payment is made, it is the responsibility of the loan account owner to make sure all payments are made on time. Bethpage may at its discretion, make one or more attempts to transfer the funds if the first attempt is unsuccessful for any reason.

I hereby authorize Bethpage to electronically transfer funds from my checking or savings account to the Bethpage loan account identified in Part 1. I authorize the transfer to remain in full force and effect until I notify Bethpage of cancellation (*written or oral*) or change to this authorization (*written only*) at least 5 business days prior to the next scheduled transfer. By signing below, I certify I am the owner of the account being debited and agree to the terms stated herein.

Email Address:	Phone Number:
Signature:	Date:

**Please contact us at (800) 628-7070 if you have any questions. Please retain a copy for your records.**