



Automatic Payment Authorization

☐ New
☐ Change

___ HFH Family
___ HRP Family

HOMEOWNER

Name:

Address:

City:

Zip:

Daytime Phone:

BANK ACCOUNT INFORMATION

Type of Account (please check one):

☐ Checking

☐ Savings

Bank Name:

Bank ABA/Routing # (9-digits):
Valid Routing # must start with 0, 1, 2 or 3

Bank Account #:

⑆ 234567890 123 4567890 0001
Routing Number Account Number Check Number

Frequency: ☐ Weekly (52) ☐ Every Other Week (26) ☐ Bi-Monthly (24) ☐ Monthly (12)

Amount:

Start Date(s):

If an auto payment is pulled when your account does not have enough money in it, a non-sufficient funds (**NSF**) **fee of \$10** will be charged. The homeowner must pay this additional \$10 NSF fee with the mortgage payment by check or money order. If paid after the grace period a late fee will also be applied.

This authorization will remain in effect until cancelled by either party.

I hereby authorize Habitat for Humanity to electronically draw funds as indicated above.

I further understand that Habitat for Humanity will notify me in writing of changes to my monthly mortgage payment. Most mortgage adjustments occur annually due to changes in property taxes and/or homeowner's insurance and take effective February 1st. I authorize Habitat for Humanity to adjust my automatic payment(s) accordingly.

Signature: _____

Date: _____

Signature: _____

Date: _____