

Please contact our office if you have any questions while completing this automatic withdrawal form.

Common questions,

Start Date (Month/Day) - this is the date of the 1st payment to be taken out of your account, and the future date each month.

Payment Amount – this needs to be at least the minimum payment amount, please note the amount indicated will be the amount pulled each month.

If your loan is interest only, it will need to say VARIES in this section as it will be a different payment amount each month.

Please be advised of the following:

The payment(s) will be posted to the loan as of the requested date of the payment. Please note the automatic withdrawal may not reflect the exact date, although will not be pulled before the scheduled date. If the scheduled date falls on a weekend/holiday, the payment will be posted as of the next business day.

We MUST receive the completed ACH form in our office before the 24th day of the previous month that you choose to start with auto-withdrawal. Example: If you wish to have your payments pulled on 9-01-XX, we must receive the form by 08-24-XX.

If TWO payments go NSF (Non-Sufficient Funds) while on ACH, the payment will be removed from auto-withdrawal and Hopkins will only accept cash, money order, or certified funds for a ONE year time period. After this one year period, we can set the account back up on ACH and can also accept personal checks.

If the loan pays off on 6-15-XX and the next payment scheduled to pull on 06-20-XX, the payment will still be pulled. Within 10 business days after being pulled, it will be deposited back into the account.

To be removed from automatic withdrawal, we must have 30 days written notice.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS) **Or DIRECT PAYMENTS (ACH DEBITS)**

COMPANY NAME:	Hopkins Loan Services	COMPANY TAX ID NUMBER:	82-0465488
I (we) hereby authorize, hereinafter called COMPANY, to initiate credit or debit entries (select one) to my (our) Checking or Savings account (select one), indicated below at the depository financial institution named below, hereinafter called DEPOSITORY.			
DEPOSITORY NAME:	Υ	BRANCH	
CITY, STATE	, ZIP:		
ROUTING NU	JMBER:		
ACCOUNT N	UMBER:		
BANK PHONE NUMBER:			
I have read and understand the Automatic Withdrawal Policy and Procedure Guidelines. (Please initial)			
from me (or ei DEPOSITORY THIS ACH RH WITHDRAW		uch time and in such mar t on it. ⁄IUM OF ONE MONTH	
NAME(S)		S.S.# or Tax I.D.#	
Payment Amount		Start Date (Month/Day)	
Loan Number		Signature	
Today's Date:		Signature	
	Hopkins Financial Services 910 E. Carol St. Meridian, ID 83642	Idaho Independent B 	
Pay	To The Order Of		\$
			DOLLARS
Mer	no [*123102345 : 3001234560 * *007		

Ex. Routing Number Ex. Account Number