

CONSUMER



MAIL THIS COPY TO:
Loan Servicing Department
Home Loan Investment Bank
One Home Loan Plaza
Warwick, RI 02886

With Home Loan Investment Bank's ACH Program, your loan payments are automatically deducted from your checking or savings account and are applied to your loan monthly, as of the date of the scheduled ACH withdrawal.

To enroll in the ACH Program complete this agreement, include a blank check (If you are using a checking account for the automatic deduction) marked "VOID" and fax it to the Loan Servicing Department at (401) 739-9762 or mail to the address above.

Consumer Loan Authorization Agreement for Preauthorization Payments
Initial Set Up [] Bank Account Change []
Borrower _____
Co-Borrower _____
Address _____
City _____ State _____ Zip _____
Telephone Number _____ Email Address _____
Loan No. _____
Employer ID No./SS No. _____
Your Bank's Name _____
Your Bank's Address _____
City _____ State _____ Zip _____
Type of Account: Checking [] Savings []
DEBIT TYPE: Monthly [] Start Month _____ Day _____ (MUST BE WITHIN GRACE PERIOD)
Transit ABA No. _____
Account No. _____
Bank's Telephone No. _____
Bank's Contact Person _____
You are hereby authorized to charge my/our account for the regular payments due on the loan (number shown above) on the date each payment is due. I/we authorize you to transfer amounts subject to change without prior notification to me due to: (1) late charges assessed; (2) delinquent amounts due; or (3) any other payment amounts required under the terms of the loan identified above. All transfers for payment of my/our loan will be made on each loan payment due date.
It is further understood that I/we may terminate this authorization by giving not less than three (3) days written notice to the Loan Servicing Department.
In the event that there are insufficient funds in my/our account to pay my monthly payment in full, a NSF fee will be charged. I/we agree that the Bank may cancel this Agreement at any time if I/we fail to maintain sufficient balances in my account to make my payments when due.
Print Name _____ Print Name _____
Signature X _____ Date _____
Signature X _____ Date _____

