

AUTOMATIC PAYMENT TRANSFER AUTHORIZATION FORM



PO Box 19700, Irvine, CA 92623-9700

Fax: 866.387.3131

PLEASE NOTE: The initial EFT may not happen on the desired starting date due to bank procedure - CDF will make every effort to meet the desired date, however prenoting can take up to 30 days from receipt of this form.

CDF USE ONLY

DATE RECEIVED: _____

DATE ENTERED: _____

Ministry Name _____

Loan Number _____

Contact Name _____

Contact Signature _____

1st

7th

Desired Starting Date _____

Transfer Date (Select one)

NOTE: Payments are due on the 1st.

Paying on the 7th will result in higher accrued interest

It is understood that our monthly loan payment will be made by electronic funds transfer (EFT) deducted each month from the bank account of record. It is our responsibility to maintain a balance adequate to cover this monthly transfer. *We are aware that late fees may apply to our loan if an EFT is rejected by our bank due to insufficient funds.* The EFT's shall be credited as if we had personally made the withdrawal. This authorization shall remain in effect until we notify CDF that we wish to end this agreement, which we may do at any time with a minimum of three (3) days prior written notice.

Bank Name _____

Branch _____

Account Number _____

ABA or Routing Number _____

Phone Number _____

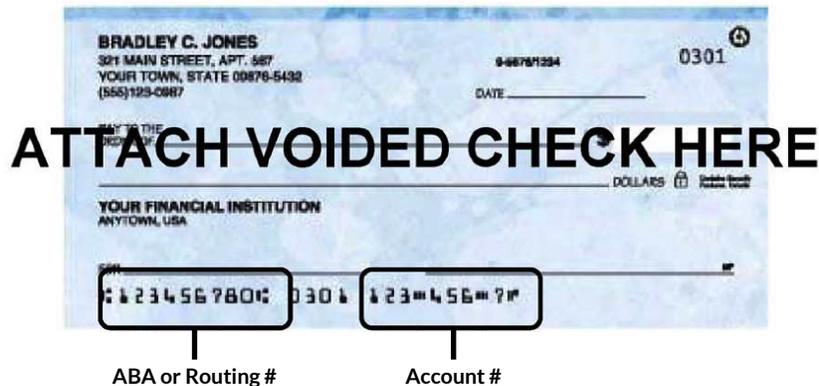
OUR PAYMENT ELECTION IS:

Please transfer the **exact amount due** each month for our loan payment.

Any occasional additional payments to the principal balance may still be submitted by check.

Please transfer the **following amount** each month for our loan payment. \$ _____

*This amount is over and above our regular monthly payment and **includes a regularly scheduled principal payment** to be applied to the principal balance.*



Email the completed form to:
cdfloanservicing@cdfcapital.org
or fax to (866)387-3131