Mortgage Loan Payment ACH Origination Authorization Agreement
(MONTHLY DEBIT TO NON-NIHFCU ACCOUNT)

By signing below I authorize the National Institutes of Health Federal Credit Union (NIHFCU) to initiate ACH debit entries to the account indicated below at the depository institution named below. I also authorize the depository institution indicated below to withdraw the same from such accounts. This authorization is for a recurring transfer, and will remain in effect until NIHFCU receives a written notice of one-time or permanent cancellation from me. NIHFCU may not be able to act on a cancellation notice received fewer than three business days before the date of the next scheduled transfer. I understand that if the regularly scheduled transfer date falls on a weekend or holiday, the payment will be made on the first business day after the scheduled date.

All ACH transfers are subject to review and approval in accordance with U.S. Laws and OFAC Regulations. NIHFCU may cancel this authorization and may require me to make monthly payments by a different method by providing me any notice required by law.

I understand that it may take up to seven days for this authorization to take effect. Until I receive written confirmation from NIHFCU that automatic payments have been established for my loan consistent with this authorization, I agree to make my required payments by cash, check or transfer from an NIHFCU account on or before the due date.

I understand that my required minimum monthly payment may change due to changes in the interest rate applicable to my loan, changes in property taxes, insurance premiums or other amounts for which I have established an impound account in connection with my NIHFCU loan, or for the other lawful reasons. I authorize NIHFCU to adjust the amount withdrawn from the financial institution named below to make my required minimum monthly payment in addition to any additional monthly principal payment amount authorized below. I understand that NIHFCU will give me notice required by law of changed payment amounts.

If indicated below, I also authorize NIHFCU to take an amount in addition to my required minimum monthly payment to be credited to the principal balance of my loan. The additional amount will be constant each month until I request a change.

I understand that mortgage payments are due on the first day of each month and that a late fee will be assessed if my payment is not received by the 15th day of the month.

I acknowledge the NIHFCU as the originator of the ACH debit transactions to my account and must comply with the provisions of U.S. law and the rules of the National Automated Clearinghouse Association (NACHA).

In every case fill out the box below completely.

Member Name: _____ Telephone #: _____

Member Loan # to be paid: _____ Member Loan Suffix # to be paid: _____

Starting Required Monthly Payment: _____

Additional Monthly Principal Payment (optional): _____

Total Starting Payment Amount: _____ $0.00

Depository Institution Name: _____

Routing Number/ABA: _____ (Nine Digits)

Depository Institution Account #: _____ Checking ☐ Savings ☐

Frequency of payment: **Monthly**

Transfer to be made on the _____ day of each month.

Please provide a copy of a voided check

Initial Payment date: ___ / ___ / 20 ___

Please fax completed form to: 301 816-9237

For the first recurring transfer allow 7 business days)

Member Signature: _____ Date: _____

Received by: _____

Employees Signature: _____ Date: _____