79 North Main Street
Fall River, MA 02720-2144
Tel. 774-888-6100 Fax 774-888-6525

Automatic Loan Payment Form

To take advantage of automatic payment, please complete the section below. You may return this document by emailing it to us at LoanServicing@BankFive.com, fax at 774-888-6525 or mailing it to BankFive, Attn: Loan Servicing, P.O. Box 1191, Fall River, MA 02722.

Name(s):_____

Loan Account Number: _____

*Monthly Payment Amount: _____

**Payment amount is subject to change due to increases and decreases in the escrow payment and/or principal and interest payment, if applicable.*

Payment Date: Your monthly payment amount will be withdrawn on your due date, or you can delay your monthly payment. Mark below to select the number of days you would like to delay your payment.

☐Due Date ☐1 day ☐2 days ☐3 days ☐4 days ☐5 days

Bank Account Information:

Account Holder Name: _____

Account Type: *Checking ☐ Statement Savings ☐ **If checking, please attach a voided check*

Bank Name and Address: _____

Bank Account Number: _____

Bank Routing Number: _____

I hereby authorize BankFive to withdraw from the deposit account, on a monthly basis when my loan is due, the amount of my loan payment on the account listed above. I agree my account will have sufficient funds in order for the transfer to occur. I understand BankFive may cancel this agreement if the financial institution where I have my account rejects the automatic payment for any reason. If the automatic payment is rejected by my bank for any reason and consequently BankFive does not receive my loan payment, my account may be subject to a Returned Check Charge and it may also be charged a Late Charge specified accordance with my note. If I wish to cancel this agreement at any time, I agree to notify the Bank in writing of my intentions regarding such cancellation.

_____ _____
Customer Signature Date

_____ _____
Customer Signature Date