

Automatic Clearing House (ACH) Authorization for Loan Payment

For

**Rutland West Neighborhood Housing Services Inc.
d/b/a/ Cornerstone Housing Partners**

I hereby authorize Rutland West Neighborhood Housing Services, Inc. D/b/a Cornerstone Housing Partners, to initiate debit entries to my banking account as indicated below. I acknowledge that the origination of ACH transactions to my account must comply with provisions of U. S. law.

BANK INFORMATION

Depository: _____ **Branch:** _____

Bank Address: _____ **City:** _____ **State** _____ **ZIP** _____

Routing Number: _____ **Bank Account Number:** _____

Please check one that applies below.

The above account is a checking account

this account is a savings account

This authorization is to remain in full force and effect until Cornerstone Housing has received written notification from the signer of its termination in such time and in such manner as to afford Cornerstone Housing and bank named above a reasonable opportunity to act on it or when the associated loan is fully paid.

Rutland West NHS/Cornerstone Loan Number # _____ Monthly Amount: _____

Please specify the date to pull the payment from account each month: _____

NOTE: This payment will be drawn from the above account on the indicated date each month. If a payment is reversed by your bank due to insufficient funds or other reasons, Rutland West NHS/Cornerstone will **not** automatically attempt the draw a second time. In the event of a payment reversal, you must contact Rutland West NHS/Cornerstone to request an off-cycle makeup payment. Loan Servicing: (802) 797-8101

Signature(s) _____ Date _____

Individual authorized to sign checks

Print Name

This completed form is required to set up new automatic loan payment or to make changes to any existing automatic loan payment. Please keep a copy of the completed form for your records.

Return to: Cornerstone Housing Partners

**Loan Servicing
27 Wales St., Suite 201
Rutland, VT 05701**