

Automatic Clearing House (ACH) Authorization

For

**Rutland West Neighborhood Housing Services Inc.
D/b/a/ NeighborWorks of Western Vermont**

I hereby authorize Rutland West Neighborhood Housing Services, Inc. D/b/a NeighborWorks® of Western Vermont, 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 NeighborWorks® has received written notification from the signer of its termination in such time and in such manner as to afford NeighborWorks® and bank named above a reasonable opportunity to act on it or when the associated loan is fully paid.

Rutland West NHS/NeighborWorks® Loan Number # _____ 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/NeighborWorks will **not** automatically attempt the draw a second time. In the event of a payment reversal, you must contact Rutland West NHS/NeighborWorks 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: NeighborWorks® of Western Vermont

**Loan Servicing
110 Marble Street
West Rutland, Vermont 05777**