

A strategic alliance for Credit Union mortgage solutions.

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## **ELECTRONIC TRANSFER OF FUNDS AUTHORIZATION**

Instructions: To authorize Electronic Transfer of Funds, complete and sign this form and return it to Members Mortgage Services.

Mail: PO Box 1185 | Attn: EFT Servicing | Hutchinson, KS 67504

**Secure Document Upload Link: here** 

Borrower Name:	Phone Number:
Members Mortgage Services Loan Number:	
Monthly Payment: \$	First Payment Due Date:
Additional Monthly Principal Payment*: \$	
REQUESTED PAYMENT FREQUENCY (SELECT ONE)	
☐ Monthly (on date)	☐ Semi-Monthly** Day 1:Day 2:
☐ Weekly ** (day of week)	☐ Bi-Weekly** (day of week)
Start Date:	
PAYMENT FROM	
Financial Institution:	Institution Phone Number:
Account Owner (if different than borrower):	
Routing and Transit # (ABA):	
Account Number:	Savings
	lortgage Services has received written notification from at least one owner rvices has had a reasonable opportunity to act on the request.
* The full monthly payment must be received before Member	ers Mortgage Services will post additional funds to the loan for that month
	held unapplied until the full monthly payment is submitted. When full be posted to the loan. Payments should be scheduled so that the full date.
and/or adjustable rate. I acknowledge that the origination	justed automatically if my payment changes due to escrow analysis of ACH transactions to my account must comply with the provisions are is the legal equivalent of my manual/handwritten signature and I
Borrower Signature:	Date:
Account Owner Signature (if different than borrower):	
FOR OFFICE USE INITIAL:	DATE: