MEMBERS MORTGAGE SERVICES

A strategic alliance for Credit Union mortgage solutions.

866.441.4447 • www.mms.coop

ELECTRONIC TRANSFER OF FUNDS AUTHORIZATION

To authorize Electronic Transfer of Funds, complete and sign the form and return it to:

Mail: Members Mortgage Services | 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** ☐ **Checking**

☐ **I/We would also like to opt in for ACH Refunds (Life of Loan - until cancelled) to be deposited to the same account listed above. (In order to opt in, all borrowers must sign this form).**

By signing this form, all borrowers agree to have refund(s) sent via ACH to the one account indicated above, and that Members Mortgage Services will not be held responsible in the event that the account information provided contains errors.

This authorization is to remain in full effect until Members Mortgage Services has received written notification from at least one owner of the account of its termination and Members Mortgage Services has had a reasonable opportunity to act on the request.
** The full monthly payment must be received before Members Mortgage Services will post additional funds to the loan for that month.*
*** Payment frequency other than monthly payments will be held unapplied until the full monthly payment is submitted. When full monthly payment is submitted, all funds held unapplied will be posted to the loan. Payments should be scheduled so that the full monthly payment will be received by monthly payment due date.*

I understand that my electronic funds payment will be adjusted automatically if my payment changes due to escrow analysis and/or adjustable rate. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree and understand that typing my signature is the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement.

Borrower Signature: _____ **Date:** _____

Borrower Signature: _____ **Date:** _____

Account Owner Signature (if different than borrower): _____

FOR OFFICE USE **INITIAL:** _____ **DATE:** _____