AUTHORIZATION FOR AUTOMATIC PAYMENT
Mortgage Loan Administration

BANNER BANK

Return to: Banner Bank
Attn: Mortgage Loan Payment Processing
PO Box 907
Walla Walla, WA 99362
Email: mortgagecustomerservice@bannerbank.com

NAME	
ADDRESS	

LOAN #	

The undersigned authorize Banner Bank to initiate debit entries and, if necessary, to initiate any credit entries to correct an erroneous debit entry to my/our account at the BANK (identified below,) for the purpose of accomplishing the following preauthorized payments:

Account #		☐ Checking
Routing #		☐ Savings
Bank Name		
Address		
City/State		Zip Code

$ _____   Payment Amount *(Subject to change if loan is an Adjustable Rate Mortgage and/or has escrows for taxes and/or insurance.)*

$ _____   Extra Principal

$ _____   Total Transfer Amount *(This amount will not change unless you request it in writing or unless the minimum payment exceeds this amount.)*

REQUIRED: Attach one of the following:

☐   Voided Check for draws from *checking accounts* (**deposit slips are NOT accepted**).

☐   Savings slip with bank routing information for draws from *savings accounts.*

The Automatic deduction will begin on the below stated date and will continue until cancelled in writing by the undersigned or Banner Bank or when the loan is paid in full.

Select one draw date ranging from the 1st through the 10th of the month:

☐ 1st   ☐ 2nd   ☐ 3rd   ☐ 4th   ☐ 5th   ☐ 6th   ☐ 7th   ☐ 8th   ☐ 9th   ☐ 10th

   STARTING DATE: _____

If this is a change to an existing draft, please be aware that we will continue your previous drafting arrangement until the effective date of this new application unless canceled in writing.

The undersigned agrees to keep enough money in the Debited Account to cover the transfers requested by this Authorization. If the Debited Account balance is insufficient to cover the agreed automatic deduction, Banner Bank **may cancel this Authorization immediately** without notice. We may use our rights and remedies under applicable law and our rules and regulations governing these types of accounts.

The accounts listed are covered by their individual terms and condition, unless modified by this Authorization.

X_____   X_____
(Signature)   (Signature)

Revised 10/15/2020 REF – 305 Authorization For Pre-Authorized Payment