



AUTOMATIC MORTGAGE PAYMENT AUTHORIZATION

Name	Requested Start Date
Transfer from SDFCU Account # _____ [] Savings (-00) [] Checking (-01)	Transfer to Mortgage Account # and suffix _____

Monthly Payment Amount \$ _____

Additional Principal Payment (optional) \$ _____

TOTAL PAYMENT AMOUNT \$ _____

I understand funds must be available in the account indicated above on the first day of each month. My payment will be transferred no later than the fifth day of the month. If there are insufficient funds on the day of the transfer, I may be charged a fee and I will be responsible for providing replacement funds to cover the full amount due including any late fees or penalties.

I understand I am responsible for all payments due before I receive written notice that automatic payments have been initiated.

Signature _____ Date _____

For Office Use Only	
Prepared by	Effective Date