

**Automatic Payment Authorization Form for Consumer Loans**

---

---

Customer Name

Loan Number

This is a request to:

**Please provide payment information if adding changing or deleting.**Principal & Interest Payment  
Amount\*Additional Principal  
AmountEstimated Monthly  
Insurance Premiums

Frequency

Payment amount is subject to change due to increases and decreases in the escrow payment and/or principal and interest payment, if applicable.

Payment Date\*

**\*Payment date should be on or before payment due date****Bank Account Information**

Depository Bank Name

City/State/Zip

Transit/ABA #

Deposit Account Number

Account Type\*

\*If depository institution is **not** Old National Bank, please  
attach a voided check.**Authorization**

I authorize Old National Bank, its authorized representatives and service providers ("Bank"), to initiate electronic withdrawals from my designated account to make monthly payments on my loan. I understand that this authorization in no way alters or lessens my obligation under my existing Loan contract regarding the amount of monthly payments, when payments are due, the assessment of late charges or the determination of delinquencies. I must maintain sufficient funds in my account for withdrawal of my monthly payment. I understand the electronic withdrawal amount will vary with changes in escrow or principal and interest components, if applicable. I understand that the Bank will not initiate an electronic payment for my final loan payment and that the Bank will bill me for the final loan payment, which I will be responsible for making directly to the Bank as provided in the loan agreement. I understand that I must provide the Bank notice of at least 5 days for any requests to modify, change or cancel my electronic payment.

Account Holder Signature

SSN/TIN

Account Holder Signature

SSN/TIN

Date Signed \_\_\_\_\_

---

---

**For Internal Use Only**

Date

Associate

Phone Number (xxx-xxx-xxxx)