

Automatic Payment Authorization Form for Mortgage Loans

CUSTOMER INFORMATION – PLEASE PRINT:

Name(s): _____

Loan Number: _____

PAYMENT INFORMATION:

Monthly Payment Amount*: \$ _____ Additional Principal Amount: \$ _____

*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 not be more than 10 days from the due date

BANK ACCOUNT INFORMATION:

Deposit Account Number: _____

Account Type: ___ Checking* or ___ Savings

*If checking, please attach a voided check

Financial Institution Name and Address: _____

Financial Institution Routing/Transit Number: _____

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 mortgage.
- I understand that this authorization in no way alters or lessens my obligation under my existing mortgage 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 mortgage 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.

SSN/TIN

SIGNATURE

SSN/TIN

SIGNATURE

DATE SIGNED

For Bank Use Only:

Regardless of the depository institution, please follow steps below:

- Please attach voided check to this form (only applies if the depository institution is NOT Old National Bank)
- Signed form must be delivered to Mortgage Servicing (ONS-004) at least 5 days prior to desired date of first debit.

Completed by: _____

Date: _____

Phone Number: _____

Send originals to Mortgage Servicing (ONS-004).