



AUTOMATIC PAYMENT PROGRAM ("APP")

Mortgage Loan Number: _____

I (we) hereby authorize **FLANAGAN STATE BANK**, and its successors, assigns, authorized agents or any entity servicing my loan on their behalf (hereinafter called THE LENDER) to initiate mortgage payment debit entries (which may vary from the amount indicated below with future changes in escrow, principal and interest components, as applicable) to my (our) Checking or Savings Account indicated below and the depository named below to debit the same to such account. I (we) understand that if any debit entries under this authorization are returned for insufficient funds or otherwise dishonored, I (we) will promptly send THE LENDER the total monthly payment due, plus any late charge(s) or other fees due under my mortgage. I (we) authorize THE LENDER to electronically credit my (our) account if necessary, to correct erroneous debits. I (we) agree that ACH transactions I (we) authorize comply with federal law.

DEPOSITORY INSTITUTION INFORMATION:

NAME: _____

CITY: _____

STATE: _____

ZIP CODE: _____

ACCOUNT NUMBER: _____

ABA ROUTING NUMBER:

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ACCOUNT TYPE: CHECKING: or SAVINGS:

DATE OF WITHDRAWAL: PLEASE CHOOSE THE NUMBER OF DAYS AFTER YOUR PAYMENT DUE DATE (INDICATED ON YOUR MORTGAGE NOTE) THAT YOU WOULD LIKE THE PAYMENT TO BE DRAFTED.

0 1 2 3 4 5

DAYS AFTER PAYMENT DUE DATE.

BORROWER INFORMATION:

DAY PHONE: _____

EVENING PHONE: _____

PAYMENT INFORMATION:

MONTHLY PAYMENT AMOUNT: \$ _____

ADDITIONAL PRINCIPAL ONLY (EXCLUDING PAYMENT AMOUNT): \$ _____

DATE: _____

BORROWER'S PRINTED NAME: _____

BORROWER'S SIGNATURE: _____

AUTHORIZED BANK ACCOUNT HOLDER PRINTED NAME: _____

AUTHORIZED BANK ACCOUNT HOLDER SIGNATURE: _____

This authorization is to remain in full force and effect until THE LENDER has received written notification from me (us) of its termination in such time and in such manner as to afford THE LENDER a reasonable opportunity to act upon it. THE LENDER may terminate this agreement at any time, with written notice sent to me.

PLEASE CONTINUE TO MAIL YOUR PAYMENTS UNTIL WE NOTIFY YOU OF YOUR DRAFT DATE

[PLEASE ATTACH PRE-PRINTED VOIDED CHECK OR DEPOSIT SLIP HERE]

Please enclose a pre-printed voided blank check or savings account deposit slip with the authorization agreement. Simply write "void" across the front of your check or across your savings deposit slip from a current savings account.

Please ensure a valid routing number is provided. The routing number can only begin with a 0, 1, 2 or 3.

PLEASE RETURN THIS FORM TO THE FOLLOWING ADDRESS OR FAX NUMBER FOR PROCESSING:

**Flanagan State Bank
208 E Gridley Road
Gridley, IL 61744
Fax (573) 298-6978**

Email: FSBLoanServicing@flanaganstatebank.com