



## AUTO DRAFT AUTHORIZATION

*(optional, can sign up at any time)*

Loan #: \_\_\_\_\_

**\*\*\*A voided check or a statement from your financial institution showing the account number and bank routing number must be attached for this request to be processed\*\*\***

Borrower Name: \_\_\_\_\_ Co-Borrower Name: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

**Please choose below:**

\_\_\_\_\_ **New auto draft request**

\_\_\_\_\_ **Change to an existing auto draft account**

I authorize Lafayette Public Trust Financing Authority, and its permitted successors and assigns, to automatically draft my monthly mortgage payment from my bank account on the:

\_\_\_\_\_ **1<sup>st</sup> of the month**

\_\_\_\_\_ **10<sup>th</sup> of the month**

I authorize Lafayette Public Trust Financing Authority, and its permitted successors and assigns, to draft:

\_\_\_\_\_ **ONLY** my minimum monthly mortgage payment of \$\_\_\_\_\_.

\_\_\_\_\_ My minimum monthly mortgage payment of \$\_\_\_\_\_ **PLUS** an additional \$\_\_\_\_\_ to be applied to principal for a total of \$\_\_\_\_\_.

I authorize Lafayette Public Trust Financing Authority, and its permitted successors and assigns, to:

\_\_\_\_\_ **Change my bank account** number and routing number (see attached new check/bank statement)

\_\_\_\_\_ **Suspend** my automatic draft

X

Bank Account Owner

X

Date



AUTO DRAFT DISCLOSURE

- Automatic Payment may take up to 30 days to process.
- Payment deductions may periodically be delayed by weekends, holidays or administrative interruptions.
- I understand that it is my responsibility to have funds available in my account on each payment due date until the monthly payment is deducted.
- If my payment does not process due to Non-Sufficient Funding (NSF) there may be a \$25.00 charge to my account.
- As long as I meet this responsibility, my loan payment will be considered current and I will not have to pay any late charges.
- I agree to pay LPTFA a reasonable service fee for any payment deduction that LPTFA cannot complete due to insufficient funds in my account, or for any interruption in the automatic payment that is requested or caused by me.
- I understand that the auto draft from my account can be cancelled if any 6-month period there are 2 occasions where my payment cannot be deducted due to insufficient funds.
- All changes must be submitted in writing to LPTFA within 30 days of the next scheduled payment.
- Until LPTFA has processed my auto draft, I will mail my payments to:

LPTFA  
P.O. BOX 3205  
LAFAYETTE, LA 70502

X

Bank Account Owner

X

Date

X

Bank Account Owner

X

Date