

**MORTGAGE PAYMENT DISTRIBUTION FORM**

Name \_\_\_\_\_ Account Number \_\_\_\_\_ Loan Number \_\_\_\_\_

Please **check one** of the following options, so that we may better service your Allegiance Credit Union mortgage.

\_\_\_\_\_ Yes, I would like a coupon booklet sent to me (you must request these on an annual basis).

\_\_\_\_\_ No, I do not need coupons.

\_\_\_\_\_ Yes, I would like my mortgage payment automatically taken from my financial institution (please complete the fields below).

**Authorization Agreement for Preauthorized Payments**

Name: Allegiance Credit Union

ID Number: 303085230

I (We) hereby authorize Allegiance Credit Union to initiate debit entries to my (our) account indicated below and the Depository Financial Institution named below. (You cannot pay by ACH if the financial institution is located outside the territorial jurisdiction of the United States). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. Law. This authorization is to remain in full force and effect until Allegiance Credit Union has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Allegiance Credit Union and the Depository Financial Institution a reasonable opportunity to act on it.

Financial Institution Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_ Checking/Savings

Date to begin transfer \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Minimum Payment\*            \$ \_\_\_\_\_ (Please see note below)

Extra Principal                + \$ \_\_\_\_\_

Extra Escrow                    + \$ \_\_\_\_\_

Total Transfer                 = \$ \_\_\_\_\_

**\*\*\*PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP\*\*\***

\*If your loan is escrowed, this minimum payment may change on an annual basis with an effective date on April 1<sup>st</sup>. You will receive an annual escrow analysis report prior to the payment change. This minimum payment change will affect your total transfer amount as well. By signing this form, you agree to allow Allegiance Credit Union to automatically update your total transfer amount based off of the minimum payment determined during escrow analysis and the extra principle and escrow amount you have chosen on this form.

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

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