

AUTOMATIC PAYMENT TRANSFER AUTHORIZATION FORM



PO Box 19700, Irvine, CA 92623-9700

Fax: 866.387.3131

PLEASE NOTE: The initial EFT may not happen on the desired starting date due to bank procedure - CDF will make every effort to meet the desired date, however prenoting can take up to 30 days from receipt of this form.

CDF USE ONLY

DATE RECEIVED: _____

DATE ENTERED: _____

Ministry Name

Loan Number

Contact Name

Phone Number

Desired Starting Date

Transfer Date (Select one)
1st 7th

It is understood that our monthly loan payment will be made by electronic funds transfer (EFT) deducted each month from the bank account of record. It is our responsibility to maintain a balance adequate to cover this monthly transfer. *We are aware that late fees may apply to our loan if an EFT is rejected by our bank due to insufficient funds.* The EFT's shall be credited as if we had personally made the withdrawal. This authorization shall remain in effect until we notify CDF that we wish to end this agreement, which we may do at any time with a minimum of three (3) days prior written notice.

Bank Name

Branch

Account Number

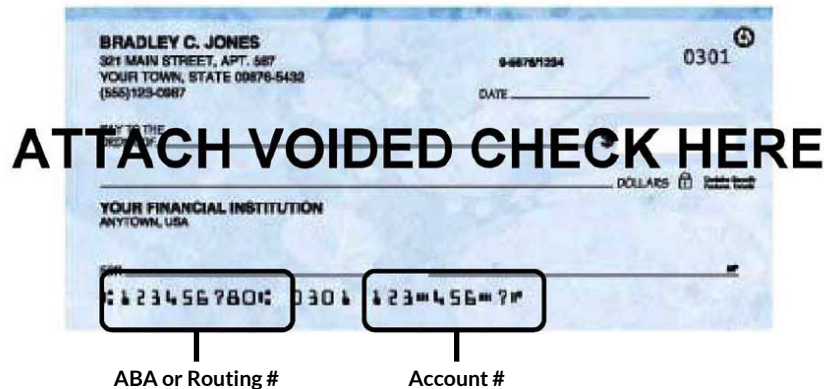
ABA or Routing Number

Phone Number

OUR PAYMENT ELECTION IS:

Please transfer the **exact amount due** each month for our loan payment.
Any occasional additional payments to the principal balance may still be submitted by check.

Please transfer the **following amount** each month for our loan payment. \$ _____
*This amount is over and above our regular monthly payment and **includes a regularly scheduled principal payment** to be applied to the principal balance.*



FAX this form to: (866)387-3131
or mail it to:
CDF Capital
Attn: Loan Department
P.O. Box 19700
Irvine, CA 92623-9700