



3 KACEY COURT, SUITE 101
MECHANICSBURG, PA 17055
Toll Free: (866) 219-0820
Phone: (717) 796-9784
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www.hisfund.com

Authorization Agreement For Automatic Deposits (ACH Debits)

LENDER: Heritage Investment Services Fund, Inc., Mechanicsburg, Pennsylvania

BORROWER: _____

This will authorize Heritage Investment Services Fund, Inc., hereinafter called HIS Fund, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any credit entries in error, to the checking savings account (select one) indicated below for monthly payments due on loan number: _____. This authorization is to remain in force until His Fund has received written notice of its termination in such time and in such manner as to afford His Fund and DEPOSITORY a reasonable opportunity to act on it. Termination will automatically require that subsequent payments be made according to the terms of the Note and Mortgage or as instructed by His Fund. This authorization does not change the terms of your contract.

This will authorize the BANK indicated on the attached check, and as listed below, to debit and/or credit the same to the account.

His Fund reserves the right to revoke this authorization in the event of stop payment on a draft without prior notification, account closed without prior notification, and/or two or more insufficient funds drafts in one year. Reinstatement in this program will be considered after a period of six months.

Please apply \$_____ payment to Loan No. _____ monthly or bi-weekly on the ____ day of each month/week. In the event the loan payment date is a holiday or weekend, the payment will be taken on the first business date preceding the weekend or holiday.

NOTE: If you wish to send payments larger than required to pay off the loan more quickly, please check this box and write in the TOTAL amount you wish to transfer in addition to your regular payment. \$_____

Bank name

Bank address

Church account number

City State Zip

Bank routing # for Electronic Payment Transfers
Call bank for 9-digit number.

Bank telephone number

Church Name

Date Signature

Church Address

Date 2nd Signature (if required)

City/State/Zip

Telephone number

PLEASE ATTACH A VOIDED CHECK HERE