



**3 KACEY COURT, SUITE 101
MECHANICSBURG, PA 17055
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Authorization Agreement For Automatic Deposits (ACH Debits)

E-mail completed form to loans@hisfund.com or fax to 717.795.9568

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.

In the event the loan payment date is a holiday or weekend, the payment will be taken on the first business date succeeding the weekend or holiday.

- Please debit monthly payments one month following the loan inception date/closing date. (Example: If the loan inception date is November 1, 2014, then the payments will be drafted on the 1st of each month, beginning December 1, 2014.)

-OR-

- Please debit our payments weekly (loan payment amount divided by 4) or bi-weekly (loan payment amount divided by 2)
 - Choose the day of the week: Monday Tuesday Wednesday Thursday Friday (Example: If the loan inception date is November 1, 2014 and you wish to have the payments drafted every other Wednesday, then your payments will be drafted on 11-12-2014 and 11-26-2014 in order to fully satisfy the total amount due by December 1, 2014.)

NOTE: If you wish to have a recurring amount drafted in addition to the regular payment, please check the box below and only write in the ADDITIONAL amount you would like to have drafted. \$_____ (Example: If your loan payment amount is \$2,000.00 and you would like an additional \$1,000.00 drafted, write \$1,000.00 if your payments are drafted monthly, \$500.00 if your payments are drafted bi-weekly or \$250.00 if your payments are drafted weekly.)

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	Signature/Date
Church Address	2nd Signature (if required)/Date
City/State/Zip	Telephone Number
E-mail Address	Alternate E-mail Address

YOU MUST INCLUDE A VOIDED CHECK TO INITIATE THIS AUTHORIZATION