



AUTHORIZATION FOR AUTOMATIC MORTGAGE PAYMENTS

Please use this form to authorize mortgage payments **from** a Spectrum Credit Union account.

Due Date: 1st of the month.

Transfer Date: _____ day of every month.

Member Name(s): _____

Member Number: _____ **Share:** _____

Ext.	Checking	0900
	Savings	0100
	MarketEdge	0400

Beginning Date: _____

End Date: _____

Amount (\$): _____
(Minimum amount = Principal + Interest **OR** Principal + Interest + Impounds **OR** Interest Only for new HELOCs)

Additional Amount: _____
(Additional principal payment for 1st and/or 2nd mortgage or HELOC)

I understand that it is my responsibility to have fund available in the account by the due date of the payment. **Overdraft Protection is NOT AVAILABLE for mortgage payments even if Overdraft Protection is set up for the debited account.** If funds are not available, I understand the automatic payment cannot be processed and the Credit Union is not responsible for any late charge or penalties that I may incur.

Member Signature: _____ **Date:** _____

Member Signature: _____ **Date:** _____