

ACH AUTHORIZATION

TRANSFER FUNDS FROM:

Name of Bank	
Deposit Account Number:	Routing/Transit Number:
Type of Account:	
Withdrawal Day: (If other than due date – must be by the 1)	0 th of the month)
	please staple a voided check to this form. If a staple a voided deposit slip to this form.
MAKE PAYMENTS TO:	
OneUnited Bank Loan No.:	
Borrower Name(s):	
Primary Borrower's Soc. Sec. No. or TIN	[:
Daytime Phone: _(Ext.
Direct Pa	yment Authorization Form
described above for each monthly payment business day indicated above. Please mainta each payment, as we generally will not transf is a Saturday, Sunday or bank holiday, the fu sufficient funds in your account for the full a ("NSF") charge equal to the NSF charge the	and Bank. ("OneUnited") to charge your account at the institution due on your OneUnited loan. Payments will be transferred on the ain sufficient collected funds in your account for the full amount of fer less than the full amount due each month. If the Withdrawal Day nds will be transferred on the next business day. If you do not have mount of each payment, OneUnited will assess an insufficient funds on in effect for its deposit customers in addition to any late fee that OneUnited at (877) 663-8648 to determine the amount of the NSF
	until OneUnited receives written notice from you of its termination it a reasonable opportunity to act upon the notice. OneUnited may ou with written notice.
Please continue to make your regular paymen	its until we notify you that the automatic payment service is in effect.
Signature	Date
Signature	

To process this direct payment authorization, please complete this form and provide a copy of a voided check from the checking account being used for the loan payments. Fax this form and voided check to 323-293-8701 or mail the form and voided check directly to OneUnited Bank, Loan Servicing Department, 3683 Crenshaw Blvd. Los Angeles, CA 90016

