

FIRST PLACE BANK LOAN DEBIT AUTHORIZATION

Direct Payment Enrollment for Recurring Loan Payment

Customer Name: _____

Customer Address: _____

City/State/Zip: _____

Daytime Phone #: (_____) _____ - _____

First Place Bank Loan #: _____ Effective Starting Date: ____/____/____

Amount you wish to be withdrawn monthly in addition to the regular payment: \$_____

(Payments due on the 1st, you may choose a draft day between 1st and 10th)

Please deduct my regular monthly loan payment shown above from my account listed below:

Name of Financial Institution: _____

Financial Institution Routing Number: _____

Type of Account: Checking or Savings

Account #: _____

I authorize First Place Bank to deduct the monthly loan payment from the account listed above. I understand that if I decide to discontinue or change this payment plan I must notify First Place Bank in writing at the following address:

First Place Bank
Loan Service
999 E. Main Street
Ravenna, OH 44266

SIGNATURE: _____ Date: ____/____/____

NOTE: Please attach a voided check with this form