

PENN SOUTH FEDERAL CREDIT UNION

Building 300

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

CONTACT INFORMATION

LAST NAME: _____

FIRST NAME: _____

M. I.: _____

BUILDING / APARTMENT #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ONLY FOR OFFICIAL USE OF:

Mutual Redevelopment Houses, Inc.

409999

ACCOUNT: _____

START DATE: _____

PAYMENT INFORMATION

SELECT ONE: _____ CHECKING ACCOUNT

_____ SAVINGS ACCOUNT

ATTACH A VOIDED CHECK TO BACK

ATTACH A VOIDED DEPOSIT SLIP TO BACK, IF AVAILABLE

BANK NAME: _____

NAME ON ACCOUNT: _____

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

DAY OF THE MONTH YOUR BANK ACCOUNT WILL BE DEBITED: _____

LOAN INFORMATION

PENN SOUTH FEDERAL CREDIT UNION ACCT #: _____

FOR AMOUNT OF MONTHLY LOAN PAYMENT SEE ATTACHED AMORTIZATION SCHEDULE

AUTHORIZATION

I (we) hereby authorize MUTUAL REDEVELOPMENT HOUSES, INC. hereinafter called COMPANY, ON BEHALF OF PENN SOUTH FEDERAL CREDIT UNION, to initiate debit entries for payments to my (our) bank account indicated above at the depository financial institution named above, hereinafter called DEPOSITORY, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

The authorization is to remain in effect until COMPANY has received written notification of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

SIGNATURE: _____ DATE: _____ / _____ / _____

PLEASE RETURN FORM TO PENN SOUTH FEDERAL CREDIT UNION. PLEASE CONTINUE TO MAKE YOUR SCHEDULED PAYMENTS AS USUAL. YOU WILL RECEIVE A LETTER IN THE MAIL NOTIFYING YOU WHEN AUTOMATIC PAYMENTS WILL BEGIN.