



AUTO PAYMENT AUTHORIZATION - INTERNAL

409 Silverside Road, Suite 105
 Wilmington, DE 19809
 P: 877.226.2928
 F: 302.791.5610
 www.cfdbankingservices.com

I/We authorize cfd Banking Services through The Bancorp Bank, "the Bank," to transfer funds from my/our deposit account at the Bank for payment of Loan Number: _____.

I/We understand that transfers will be made monthly, unless the one-time debit option is selected, on the due date of the loan payment. If the due date falls on a holiday or non-business day, the transfer will be made the next business day. This authorization will remain in effect until I/ we have cancelled it in writing at least three (3) business days prior to the applicable payment date. For one-time transfers, the debit will be processed on the business day the Bank receives this completed and signed form unless it is received after business hours, in which case it will be processed on the next business day.

I/We also understand that if funds are not available on the due date, additional attempts will be made to satisfy the payment, up to 9 times over 9 calendar days. If the payment is not paid at the conclusion of the 9th & final attempt, I/we must make a payment by utilizing a different payment method. A late charge may be assessed. If your payments fail for three (3) consecutive months, we reserve the right to remove you from this service. You will be notified should this occur.

NOTE: If you authorize these transfers, you will continue receiving your monthly statements.

PART 1: Loan Account with Us ("Transfer to")

Loan Account Name:	Loan Account Number:
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PART 2: Account Information with Us ("Transfer from")

Account Name:	Account Number:
Account Type: <input type="checkbox"/> Checking or <input type="checkbox"/> Savings	

PART 3: Monthly Loan Payment Information

Please select one of the following:

- Exact Amount Billed
- One-time debit of \$ _____.
- Exact Amount Billed plus \$ _____ additional principal each month
- Fixed monthly payment of \$ _____. I/we understand that if the monthly interest accrual exceeds this amount, I/we will have unpaid interest accrual and this interest will remain unpaid and due on my/our account.

**Please specify the month that payment should begin: _____.

Note: The amount indicated will be pulled on the same date as the payment due date referenced on your monthly loan statement.

PART 4: Signatures(s) of Account Owner(s)

Authorized Signature:	
Print Name:	Date: (mm/dd/yyyy)

Please **mail** or **fax** this completed form to:

cfd Banking Services
 Attn: Loan Department
 409 Silverside Road, Suite 105
 Wilmington, DE 19809
 Fax: 302.791.5610 (If possible, please send us an email alerting us to the incoming fax.)

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.

FOR BANK USE ONLY

Date Received: (mm/dd/yyyy)	Date Set-up Completed: (mm/dd/yyyy)	Processed by:
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