



HOME LOAN PROGRAM AUTOMATIC PAYMENT SERVICE AUTHORIZATION

Important Submission Instructions
 Through this automated payment service, your loan payments will be deducted directly from your bank account, eliminating the need for you to write checks. If you wish to participate, simply complete and return this Authorization form to: ODVA, 700 Summer Street NE, Salem, Oregon 97301-1285. Please type or print in black ink.

CUSTOMER INFORMATION		
ODVA Account Number	Daytime Phone	Standard Payment \$ _____ Plus Additional \$ _____ TOTAL PAYMENT \$ _____
ODVA Borrower Name		
ODVA Co-Borrower Name		

BANK INFORMATION		
Name of Financial Institution		
Name of Branch		Branch Telephone
Indicate the type of account for withdrawal and complete the necessary information		
<input type="checkbox"/> Withdraw from my Checking Account <input type="checkbox"/> Withdraw from my Savings Account	Routing Number	Account Number
Routing Number: Your routing number is always 9 digits and must begin with 0, 1, 2 or 3. It is the first number in the area at the bottom of your check.		
Account Number: Your account number is all numeric but can be anywhere from 6 to 19 digits. Enter this number without any special characters or spaces. This number appears at the bottom of your check either before or after the check number.		
Check the box below only if you will have funds transferred from a Non U.S. Financial Institution for funding of this debit transaction.		
<input type="checkbox"/> I have payment instructions in place with a non U.S. Financial Institution to transfer funds to my U.S. Financial Institution identified above for the specific purpose of funding this debit transaction. (An example of this would be if your U.S. Company is owned by an International Company and there are instructions in place to transfer funds to a U.S. Financial Institution specifically to fund this debit transaction.)		

DISCLOSURE INFORMATION	
I understand that: <ul style="list-style-type: none"> • The debit must be for the entire standard payment or more. • The amount of the standard payment includes the principal, interest, and (as applicable) insurance premiums and taxes; that this amount may increase or decrease; and that I will be notified by ODVA of any changes. • If my bank refuses the debit, ODVA may cancel my participation in the automatic payment service. This may result in a delinquency on my account and may result in a non-sufficient funds fee. • I have the right to stop this service by notifying ODVA IN WRITING, at least 5 business days before my ODVA payment is due. • ODVA will draw funds from my bank account 5 days after my payment due date. • If the draw date falls on a weekend or holiday, ODVA will draw the funds on the next banking day. • The origination of ACH transactions to my account must comply with the provisions of Oregon and United States law. 	
I have read the Disclosure Information above. I authorize ODVA to obtain funds each month from my financial institution account to make payments on my ODVA account as listed.	
ODVA Borrower Signature	Date Signed
ODVA Co-Borrower Signature	Date Signed

If the withdrawal will be from your checking account, please attach a VOIDED check when you return this form. **IMPORTANT:** Continue making your payments until you receive our letter notifying you when the first payment will be deducted from your account. For questions, please contact Loan Servicing at 1-800-633-6826 Ext. 2373 (in Oregon only), or 503-373-2373, or 1-503-373-2217 (TDD).

Attach VOIDED Check Here