First Mortgage, Inc.
121 W Fireweed Lane, Suite 150
Anchorage, AK 99503
(907) 272-1541, fax (907) 272-2046
www.fmialaska.com

Account No.: _____

Authorization for Direct Withdrawal via ACH

First Mortgage, Inc. (FMI) is pleased to offer you the convenience of direct withdrawal via ACH from the bank account of your choice, hereinafter referred to as BANK. FMI will make direct withdrawal via ACH as indicated below.* You will continue to receive the Buyer/Payer Receipt coupons on your account. These shall serve as confirmation of the debits from BANK and keep you informed of the status of the payment history. Please note if the date chosen falls on a weekend or holiday (not during normal business hours) the payment will be processed the next business day, unless prior written notice has been given to FMI. The ACH withdrawal program requires 3 business days to establish any new information and 24 business hours in advance to cancel or hold the transaction. Please e-mail or submit the appropriate form(s).

I/We hereby authorize FMI to initiate debit entries from BANK to debit the same for payments received by FMI into such account.

Bank Account Information

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Routing/Transit/ABA #: _____ Bank Account #: _____

Account Type: ☐ Checking ☐ Savings ☐ Other: _____

Account Owner Name(s): _____

Withdrawal Schedule (check one or both)

☐ **Monthly:** Withdraw $ _____ on the _____ day of each month, beginning _____

☐ **One-Time:** Withdraw $ _____ on (date): _____

Reason: ☐ Fee ☐ Reserve ☐ Balloon Payment ☐ Other: _____

Payment Change Authorization (Required)

☐ **I/We authorize FMI to adjust the ACH withdrawal amount when the installment due changes under the agreed terms of the account, such as a Payment Increase or Fee Changes. FMI will mail notification of changes to installments due.**

This box must be checked for the ACH authorization to be accepted.

This authority is to remain in full force and effect until FMI has received written notification from the authorized party of its termination, which requires 24 business hours prior to the date provided on the original form submitted to the office. Upon notice of returned funds, the Buyer/Payer acknowledges that funds will be required to be paid in certified funds plus any fees to resume the ACH regular schedule.

Signature	Date	Signature	Date
Printed Name	Tax ID #	Printed Name	Tax ID #

* Subject to General Provisions of the Installment Contract Collection Agreement.