

# Direct Deposit Authorization Agreement



Loan no. \_\_\_\_\_

\_\_\_\_\_  
Lender name (please print) Tax Identification No. (SSN/EIN)

\_\_\_\_\_  
Address City, State, Zip Code

Account type:	_____ Savings	_____ Checkini	_____ Loan <small>(for BANKS ONLY)</small>
Name on account:	_____		
Bank name and address	_____ _____ _____		
Account number	_____		
Routing / ABA number	_____		

I authorize the New Hampshire Community Loan Fund to make the interest payments on the loan indicated above via direct deposit to my account in the financial institution named. I authorize the financial institutions to accept any credit entries to the above account initiated by the New Hampshire Community Loan Fund. If funds to which I am not entitled are deposited to my account, I authorize the New Hampshire Community Loan Fund to direct the financial institutions to return said funds.

I understand that this authorization will override any previous authorization and will remain in effect until I have given written notice that I have terminated it or until the New Hampshire Community Loan Fund has notified me that this deposit service has been terminated.

**PLEASE NOTE:** The New Hampshire Community Loan Fund is currently unable to offer International ACH transactions (IAT) and is therefore limited to providing direct deposit to United States accounts only.

\_\_\_\_\_  
Printed Name Signature Date

Please attach a voided check for checking account or deposit slip for savings account here.