



**AUTOMATIC MORTGAGE PAYMENT
DRAFTING AUTHORIZATION**

INSTRUCTIONS

1. Fill in the information requested in the box below
2. Attach a voided check for checking account drafts. Do not substitute a deposit slip.
3. Read the terms and conditions listed below the box and on the attached information/instruction page.
4. Sign and date the form.
5. Return the form to the NHS office at: 851 Steves Avenue, San Antonio TX 78210.

IMPORTANT: Your first automatic draft payment will occur on the 5th of the month following receipt of this application.

Asterisk (*) required fields

- * NHS Loan Number: _____
- * Borrower's Name: _____
- Co-Borrower's Name: _____
- * Property Address: _____
- * Property's City, State, Zip: _____
- * Home Phone Number: _____
- * Work Phone Number: _____
- * E-mail address: _____
- * Financial Institution: _____
- * ABA Routing Number: _____
- * Account Number: _____
- * Account Type: _____ Checking _____ Savings
- Monthly Loan _____

In addition to my regular monthly payment, I would like to pay this amount every month toward the principal of my loan:
_____ (Leave this space blank if you do not wish to have an additional amount.)

REMINDER: Payment will be drafted on the 5th of each month.

I/we hereby authorize Neighborhood Housing Services of San Antonio to charge my/our bank account number as shown above. We have read the enclosed information/instruction page relating to this authorization. This authority is to remain in effect until I/we provide written instruction to Neighborhood Housing Services, Inc. to cancel or change it.

Borrower Signature: _____ Date: _____

Co-Borrower Signature: _____ Date: _____

If you have any questions about this form or the auto-draft program please call our Loan Servicing Department at 210-533-6673.

Instructions

1. NHS of San Antonio offers the convenience of automatic payment (ACH) of your monthly home loan payment. There is no fee for this service.
2. Your monthly NHS loan payment can be deducted from your banking account on the fifth (5th) day of the month. No more writing checks or mailing payments!
3. If the fifth (5th) falls on a weekend or holiday, the funds will be withdrawn from your account on the next business day. Note: While NHS loans are typically due on the first (1st) day of the month, if you sign up for automated withdrawal of your monthly payment on the fifth (5th), you will not be charged a late fee.
4. To sign up for this service, you must complete an Automatic Mortgage Payment Drafting Authorization Form.
5. It is your responsibility to ensure sufficient funds are in your account each month for the ACH withdrawal. There will be a \$25.00 service charge, in addition to any fees your bank may charge, on drafts returned unpaid. We recommend you check your lending institution regarding overdraft protection.
6. NHS of San Antonio may stop the ACH if three (3) drafts are returned for insufficient funds. At that time, loan payments must be submitted by money order or certified check, either by mail or in person. If the deduction is returned by the bank for any reason and the mortgage payments have not been paid by the required date as stated in your loan papers, normal late fees will be assessed.
7. The monthly ACH withdrawal will equal your monthly NHS loan payment due. Additional principal payments can be included with your monthly ACH withdrawal, or you may send a check at any time, to the above address.
8. Once a year, NHS Will provide you with an Escrow Analysis of you property taxes and insurance. If your monthly NHS loan payment changes, due to increases/decreases in you property taxes/insurance or other changes, the new amount will be withdrawn on the effective date of the change.

Instructions

1. Be sure you completely fill out the authorization form and include a 'voided check'.
2. Sign and date the automatic Mortgage Payment Drafting Authorization Form. The person signing the form must be authorized to sign checks on the account.
3. Mail the Automatic Mortgage Payment Drafting Application/Authorization Form with a void check or bank letter to Loan Servicing NHS of San Antonio, 851 Steves, San Antonio, TX 78210
4. If you wish to cancel the ACH process, you must send a written notice to NHS of San Antonio at least 15 days in advance of the next scheduled ACH withdrawal. NHS of San Antonio cannot accept cancellation notices via telephone.
5. If you have any questions please call the office on 210-533-6673.