



For Office Use Only:
 Drafts will start on: _____

AUTOMATIC MORTGAGE PAYMENT DRAFTING APPLICATION/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. We will return a copy for your records.
5. Return the form in the enclosed addressed envelope.

If you have any questions about this form or the auto-draft program, please call our Loan Servicing Department at 533-6677 or 798-2392.

IMPORTANT: *We will notify you in writing of the date drafting will begin. Until you receive written notification of the first draft date, continue to make payments by check or money order.*

Asteisk (*) required fields

(Make Corrections as needed)

NHS Loan Number:*		
Borrower's Name:*		
Co-Borrower's Name:		
Property's Address:*		
Property's City, State, Zip:*		
Home Phone Number:*		
Work Phone Number:		
E-mail address:		
Financial Institution:*		
ABA Routing Number:*		
Account Number:*		
Account Type:*	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Monthly Loan Payment Amount:*		
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)	\$	
Please draft payment on:*	<input type="checkbox"/> 1 st of the Month	<input type="checkbox"/> 5 th of the Month

I/(we) hereby authorize Neighborhood Housing Service 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:** _____