



MISSION DEVELOPMENT CERTIFICATE PROGRAM

P.O. Box 423, Seahurst, WA 98062

Tel: 206.971.4603

Email: invest@mdcprogram.org

ACH Authorization Form

The Mission Development Certificate Program (MDCP) now offers a convenient system that automatically debits your loan payment each month from your checking or savings account. This service will:

- Eliminate the monthly check writing chore.
- Save postage and the cost of checks.
- Prevent lost or delayed payments by mail.
- Provide a record of your payment on your bank statement.

To take advantage of this free service, complete this Automatic Payment (ACH) Authorization form below and return it with **an unsigned voided check** or encoded deposit slip preprinted with your name, bank account number and bank's ABA/Routing number to:

Mission Development Certificate Program
 P.O. Box 423
 Seahurst, WA 98062

Your bank's ABA number is located on the bottom left of your check or deposit ticket. Please contact your bank if you are unsure if your deposit ticket contains a valid ABA number.

AUTOMATIC PAYMENT (ACH) AUTHORIZATION

Name: _____ Loan #: _____

I/We hereby authorize Mission Development Certificate Program to initiate a debit from my checking/savings account for my/our recurring scheduled loan payment. If the required payment changes for any reason, this authorization will be automatically amended to authorize the debit of an amount equal to the new required payment plus any optional additional principal indicated below.

You will be notified of the month in which the first transfer will occur. ***Please continue making payments by check until Mission Development Certificate Program notifies you that this authorization has been processed.***

Payments will be drafted on the due date, the first of every month.

Bank name: _____ City/State: _____

ABA/Bank Routing #: _____ Bank Phone #: _____

Please check one:

Account Type: Checking Savings Account #: _____

OPTION 1: In addition to my/our regular payment, please deduct an additional \$ _____ each month and apply to principal.

OPTION 2: Please deduct an additional \$ _____. I understand this is a one-time additional payment.

The authorization to initiate a debit from your account will remain in effect until Mission Development Certificate Program receives written notice from you of its termination at least 15 days prior to the next scheduled draft date, or in such manner and time as to afford MDC and its corresponding bank a reasonable opportunity to act upon it. Termination requests must be mailed to: Mission Development Certificate Program, PO Box 423, Seahurst, WA 98062.

Account Holder

Print Name: _____ Phone: _____

Signature: _____ Date: _____

If you have any questions, please contact us at 206-971-4603.