



AUTOMATIC DRAFT AUTHORIZATION AGREEMENT

Complete and return Automatic Draft Authorization Agreement. **Please continue to make your payments by other means until you are notified in writing of the first draft date.**

Mail To: NASB, Attn: Loan Customer Service, 903 E. 104th St, Suite 400, Kansas City, MO 64131
Online: Login to Online Banking and send a secure message
Fax To: Attn: Loan Customer Service at (816) 316-4508

Loan Number _____

Customer Name(s) _____

Phone Numbers - Home: _____ **Cell/Work:** _____

Name on the Bank Account _____

Bank Name _____ **Bank Phone Number** _____

Bank ABA or Routing Number _____

Account Number: **Checking** _____ **Savings** _____

Draft Information:

- Beginning Date for Payment to Draft (Month/Year) _____
- Additional Principal Amount: _____
- Debit my payment on the _____ of the month (1-15th).
- Debit half my payment on the 1st AND 15th of the month.

Automatic Draft Agreement:

By signing below, I am authorizing NASB to debit my checking or savings account for my monthly loan payment. I understand that the amount debited monthly will include any changes in the monthly payment resulting from a change in the escrow (taxes/insurance) and/or the principal and interest payment for an adjustable rate loan.

I understand that payments due on a weekend or holiday will be debited on the next business day.

NASB reserves the right to revoke this authorization in the event of a Stop Payment on a Draft without prior notification; preparation of a payoff quote; account closed without prior notification, and/or two or more insufficient drafts in one year. If my loan becomes delinquent, I understand that the automatic payment may not occur, and I will be responsible for any late charges or penalties.

I understand that NASB requires at least 5 business days prior written notice in order to cancel or change this authorization. Notification must be mailed to NASB at the address shown above or emailed to servicing@nasb.com.

Signature of Customer _____ **Date** _____
*Required NASB customer must sign.

Signature of Account Holder _____ **Date** _____
*Please sign if the account holder is not the NASB customer.