

HOME SAVINGS BANK
LINE OF CREDIT
AUTOMATIC LOAN PAYMENT ENROLLMENT FORM

DATE: _____

NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

DAYTIME PHONE: _____

PLEASE DEDUCT MY AUTOMATED LOAN PAYMENT FROM MY ACCOUNT

NAME OF FINANCIAL INSTITUTION: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____ TYPE OF ACCOUNT: CHECKING SAVINGS

ROUTING/TRANSIT #: _____ ACCOUNT #: _____

AMOUNT: \$ _____

TRANSFER DATE: _____

I authorize Home Savings to deduct my loan payment from the account listed above and to credit the funds to my **LOAN ACCOUNT #** _____

I understand that if I decide to cancel this payment plan, I must notify Home Savings in writing, at least three (3) business days prior to the date the cancellation is to take place, at the following address:

HOME SAVINGS, PO BOX 1111, YOUNGSTOWN, OH 44501-1111

If the automatic payment is returned for insufficient funds, a fee will be assessed to the Consumer Loan.

SIGNED _____ SIGNED _____
(Joint accountholder - Optional)

EMPLOYEE _____ PRS _____ BRANCH _____

ATTACH VOIDED **CHECK** IF USING A FINANCIAL INSTITUTION OTHER THAN HOME SAVINGS

(no deposit slips)

Write "VOID" across CHECK and attach here.

