

**HOME SAVINGS BANK**

**First Mortgage Phone:** 330-742-0511 **Toll Free:** 1-888-822-4751 **Fax:** 330-742-0513

**Commercial Loans Fax:** 330-742-0562

**INSTALLMENT, MORTGAGE OR COMMERCIAL LOAN**

**AUTOMATIC LOAN PAYMENT ENROLLMENT FORM**

New  Change

DATE: \_\_\_/\_\_\_/\_\_\_

NAME: \_\_\_\_\_  
(As shown on your checking/savings account) (Back Office Use Only)

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

**PLEASE DEDUCT MY AUTOMATED LOAN PAYMENT FROM MY ACCOUNT**  
If changing an existing autopay you need only complete the appropriate boxes.

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

TYPE OF ACCOUNT:  CHECKING  SAVINGS

ROUTING/TRANSIT #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

AMOUNT: \$\_\_\_\_\_ (or current monthly payment) TRANSFER DATE: \_\_\_/\_\_\_/\_\_\_  
(For mortgage loans choose between the 1<sup>st</sup> through the 8<sup>th</sup> of each month)

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

**PLEASE NOTE:** If the Automatic Payment is returned for insufficient funds, a fee will be assessed to the loan.

SIGNED \_\_\_\_\_ SIGNED \_\_\_\_\_  
(Joint account holder – Optional)

BRANCH \_\_\_\_\_ Online Banking \_\_\_\_\_

**Please Mail the Completed Form to:**

HOME SAVINGS  
ATTN: LOAN SERVICING  
PO BOX 1111  
YOUNGSTOWN OH 44501-1111

Or feel free to drop it off at your nearest Home Savings Office

**I understand that if I decide to discontinue this payment plan, I must notify The Home Savings and Loan Company of Youngstown, Ohio, in writing, at least three (3) business days prior to the date I want such cancellation to take place, at the address above.**

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

Write "VOID" across check and tape here.

FAXED: \_\_\_/\_\_\_/\_\_\_

