

AUTHORIZATION AGREEMENT FOR ELECTRONIC LOAN PAYMENTS

Return your completed form via mail to First Financial Northwest Operated by Global Federal Credit Union, PO Box 1130, Renton, WA 98057; via fax to 425-254-2190; securely through your online banking account; or call 425-255-4400 to request a secure link.

Loan No.: _____

Borrower Name: _____

Borrower Phone: _____

☐ NEW AUTHORIZATION

☐ CHANGE AUTHORIZATION

PAYMENTS MADE BY TRANSFER BETWEEN First Financial Northwest Operated by Global Federal Credit Union

Payment Amount: \$ _____

Withdrawal Account No.: _____

Payment Start Date: _____

Monthly Withdrawal Date: _____

**** WITHDRAWAL DATE MUST BE WITHIN GRACE DAYS LISTED ON LOAN NOTE ****

PAYMENTS MADE BY TRANSFER FROM EXTERNAL FINANCIAL INSTITUTION

Name of Institution: _____

Checking Account No.: _____

Name on Account: _____

Bank Routing No.: _____

Payment Amount: \$ _____

Monthly Withdrawal Date: _____

Payment Start Date: _____

****MUST INCLUDE VOIDED CHECK WITH NAME THAT MATCHES LOAN****

**** WITHDRAWAL DATE MUST BE WITHIN GRACE DAYS LISTED ON LOAN NOTE ****

I authorize First Financial Northwest Operated by Global Federal Credit Union (FFNW) to initiate the entries described above and, if necessary, to initiate reversal entries to correct erroneous entries. I understand that my FFNW account will remain subject to the terms of the promissory note and security obligations of my loan, which are not modified by this authorization. I acknowledge that the obligation of these entries must comply with the provisions of U.S. law.

For debits to FFNW accounts that are crediting an external account, I acknowledge that funds must be available in the account in an amount sufficient enough to cover the scheduled amount at least 2 business days prior to the request, unless this is a Same Day ACH (SDA) transfer in which case funds must be available at the time of the request. Transfers will not be completed if there are insufficient funds.

For debits to FFNW accounts that are crediting an FFNW Account, I acknowledge that funds must be available in the account in an amount sufficient enough to cover the transfer amount on the scheduled date of the request. Transfers will not be completed if there are insufficient funds.

For debits to external accounts, I understand the funds must be available in the external account on the date the transfer is scheduled to occur.

I understand that the scheduled payment will be made on the date chosen even if I elect to make additional principal reduction payments outside of this payment schedule. I acknowledge that the amount of the debit may be adjusted from time to time, as needed, per the annual escrow analysis or due to periodic interest rate adjustments. In the event the loan is sold or transferred by the Bank, its obligations under this agreement shall cease upon written notice to the undersigned.

This authorization will remain in full force and effect until I revoke such authorization. Revocations require 30 days advance written notification. To revoke this authorization, write us at First Financial Northwest Operated by Global Federal Credit Union, PO Box 1130, Renton, WA 98057.

First Financial Northwest Operated by Global Federal Credit Union has the right to revoke this authorization for any of the following: stop payments on debits to external accounts without prior notification; returned entries for any reason; account closing without prior notification; or my obligations have been met.

By signing below, I acknowledge that I have read and understood the terms set forth above governing this authorization. **I further acknowledge that the information provided in this authorization is true and correct as of the date opposite my signature and agree to release First Financial Northwest Operated by Global Federal Credit Union from any liability whatsoever arising from its reliance on the information I have provided in this authorization.**

Authorized Signature: _____ Printed Name: _____ Date: _____

Revocation

By signing below, I acknowledge that I am revoking this authorization as of the date below.

Authorized Signature: _____ Printed Name: _____ Date: _____

Bank Use Only

Processed Date/Initials: _____ Verified Date/Initials: _____

Revocation Date/Initials: _____ Verified Date/Initials: _____