



## AUTOMATIC LOAN PAYMENT AUTHORIZATION FORM

Please complete and sign this form. Then return it to our Loan Customer Support team:

**Mail:** First Federal Bank of Kansas City  
PO BOX 419194  
Kansas City, MO 64141-6194

**Email:** [loanservicing@ffbk.com](mailto:loanservicing@ffbk.com)  
**Fax:** 816.245.4398

Month you want begin Automatic Payments:  
*(please allow 2-3 weeks for setup)*

Preferred payment date *(please circle one)*

Home Loan	1st	5th	10th			
Auto Loan* <i>(circle your due date)</i>	1st	5th	10th	15th	20th	25th
Unsecured Home Improvement Loan* <i>(circle your due date)</i>	1st	5th	10th	15th	20th	25th
Equity Loan* <i>(circle your due date)</i>	1st	5th	10th	15th	20th	25th
Equity Line of Credit*				15th	20th	25th

\*First Federal will not draw your final payment automatically. We will send you a maturity notice with final payment instructions.

Your First Federal Loan Number:	
Regular payment amount:***	Additional monthly payment to principal: <i>(Optional - not required)</i>

\*\*\*Regular payment amount for Equity Line of Credit is the amount of accrued interest. Example: \$5,000 X 18% / 12 = \$75. \$50 is the minimum payment.

Checking/Savings Account Number:	Name of Bank /Financial Institution:	
Bank Routing Number:	Address:	
City:	State:	Zip:
Bank Phone: (    )		

I authorize First Federal Bank of Kansas City (First Federal) to transfer/debit funds, each month, in the amount specified on this form, and apply the funds to the loan account also indicated on this form at First Federal. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I also agree to maintain an account with a sufficient balance to cover these monthly payments. As long as a sufficient balance is maintained in the account to cover any payment authorized, I understand that I will not be in default of my loan payment.

I also agree to have sufficient funds in the account at First Federal or another financial institution, as specified, at least FIVE (5) business days before the date the payment is transferred. I understand that if sufficient funds are not available in the account at the specified time of transfer, non-sufficient funds service fees AND late charges, if applicable, will be charged to my account. I also understand that, in the event that my loan is sold or transferred by First Federal, this agreement will end with written notice from First Federal. This Authorization is to remain in effect until revoked in writing 3 business days prior to the draw date by either party. Adjustments in the transfer amount may occur for adjustable loans, or during escrow analysis.

I understand that if any automatic payment is dishonored, with or without cause, intentionally or inadvertently, First Federal will be under no liability whatsoever.

Authorized By *(please print your name here)*

Signature

Date

I acknowledge that I received a copy of this form.

Signature

Date

OFFICE USE			
Final Disbursement Date:	<input type="checkbox"/> New Account	<input type="checkbox"/> Change Only	
Employee processing form:	Date:	Employee Setting up ALP:	Date: