



First Federal
BANK of KANSAS CITY

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@ffbkc.com
Fax: 816.222.0478

Month you want to begin Automatic Payments:

(Please allow 2-3 weeks for setup)

Preferred payment date *(day of the month for recurring Automatic Payments to be made; please choose one)*

Mortgage	<input type="checkbox"/> 1st	<input type="checkbox"/> 5th	<input type="checkbox"/> 10th			
Auto Loan*	<input type="checkbox"/> 1st	<input type="checkbox"/> 5th	<input type="checkbox"/> 10th	<input type="checkbox"/> 15th	<input type="checkbox"/> 20th	<input type="checkbox"/> 25th
Credit Builder*	<input type="checkbox"/> 1st	<input type="checkbox"/> 5th	<input type="checkbox"/> 10th	<input type="checkbox"/> 15th	<input type="checkbox"/> 20th	<input type="checkbox"/> 25th
HeLoan*	<input type="checkbox"/> 1st	<input type="checkbox"/> 5th	<input type="checkbox"/> 10th	<input type="checkbox"/> 15th	<input type="checkbox"/> 20th	<input type="checkbox"/> 25th
HELOC	<input type="checkbox"/> Payment deducted on the 30th of the month (Exception: Feb. – 28th or 29th)					

**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>
Name of Bank/ Financial Institution:	Bank Routing Number:
Account Name:	Account Number: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

[PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP HERE]

Please enclose a voided blank check or savings account deposit slip with the authorization agreement. Simply write “void” across the face of your check or a savings deposit slip from a current savings account.



First Federal

BANK of KANSAS CITY

I authorize First Federal Bank of Kansas City (First Federal) to transfer/debit funds, each month, in the amount of the "regular payment amount" stated above and any "additional monthly payment to principal" stated above, from my checking or savings account identified above and to apply the funds to the First Federal loan account identified above. The monthly transfer/debit will occur, each month, on the day of the month selected above for the "Preferred payment date"; however, if, for a given month, the "Preferred payment date" falls on a weekend or a holiday, I understand that the payment may be executed and withdrawn on the next business day.

I also agree to maintain a sufficient balance in my checking or saving account identified above to cover the amount of each monthly payment that is scheduled to be debited. Because these are electronic payments, I understand that they may be debited immediately from my account as soon as the scheduled payment date arrives. Therefore, I understand that I must have adequate available funds in my account to cover the payment by the date that the payment is scheduled to occur. If my checking or savings account identified above does not have sufficient available funds to cover a scheduled monthly payment, I understand that the payment attempt could be rejected or returned and that I could be subject to insufficient-funds or NSF fees assessed against my checking or savings account. I could also be assessed a "returned payment fee" under my loan agreement, and I could be in default on my loan and subject to late fees if my required monthly payment is not timely made.

If I revoke this Authorization, or if I stop payment on any of the scheduled automatic payments provided for by this Authorization, or if a scheduled payment is returned or rejected for insufficient funds or not made for any other reason, I understand that I will still have the obligation to timely make the required payments on my loan and that I could be in default on my loan and be subject to late fees if timely payments are not made as provided for in my loan agreement. I understand that this Authorization will remain in full force and effect until either party (me or First Federal) revokes it in writing. I can revoke the Authorization by providing written notice to First Federal at PO Box 419194, Kansas City, MO 64141-6194 that I am revoking the Authorization. My revocation will be effective as to subsequent scheduled payments if First Federal receives the written notice of revocation at least three business days before the scheduled payment date. If First Federal decides to revoke or cancel this Authorization, First Federal will send written notice to me at least 10 business days before the cancellation becomes effective.

I understand that if any automatic payment from a checking or savings account maintained with a financial institution other than First Federal is dishonored, with or without cause, intentionally or inadvertently, First Federal will have 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: