



Save Postage, Save Time & More Importantly, Save Money!

Avoid payment charges and late fees by signing up for Direct ACH payments at no charge!
A reliable way to make your payments on time!

Instructions:

1. Complete the form below. If the account is a joint account, both account holders must sign this form;
2. **Attach a voided and unsigned check to the 2nd page of this form;**
3. Mail or fax the form and the voided check to MarkOne Financial at the address or fax number listed at the bottom of this form; and
4. Retain a copy of this form for your files.

ACH Authorization Form

I (we) hereby authorize MarkOne Financial to initiate electronic debit entries to my (our) identified account in the entity named below ("Institution"), and I (we) authorized the Institution to accept and to debit the amount of such entries to my (our) account. Each debit shall be made each month in an amount equal to the withdrawal amount indicated. Checking _____ Savings _____ (Check One)

Institution Name: _____ Bank OR Credit Union (Circle One)

Address _____

City _____ State _____ Zip _____

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Transit/Routing Number (First 9 digits on your check)

Bank Account Number

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MarkOne Financial Account Number

Start Date: _____ (dd/mm/yyyy) Withdrawal Date: _____ (dd/mm/yyyy) Withdrawal Amount: \$ _____

Withdrawal Frequency (Check One): ___ Weekly ___ Every 2 weeks ___ Monthly ___ 15th/30th (Last day of month if Feb)

If you choose to make split payments to your loan, please provide the dates and amounts below.

Date of 1st Withdrawal: _____ Amount of 1st Withdrawal: _____ Bimonthly: _____

Date of 2nd Withdrawal: _____ Amount of 2nd Withdrawal: _____ Bimonthly: _____

This authorization is to remain in full force and effect until all amounts payable to MarkOne Financial are paid in full or until I revoke the agreement as hereinafter provided. Any revocation shall not be effective until MarkOne Financial has received written notification from me of my desire to terminate this agreement in such time and in such manner as to give MarkOne Financial a reasonable opportunity to act on it. MarkOne Financial requires at least three (3) business days prior notice before an authorized debit entry in order to cancel this authorization. I understand that I will be notified of any payment changes debited to my account. MarkOne Financial reserves the right to cancel a borrower's participation in the ACH program at any time.

The authorization form must reach our office by the 10th of the current month to begin your automatic payment for the following month. You should make the payment due in the current month as usual as it might take until your next payment is due for this authorization to be fully processed.

Borrower's Name (please print) _____ Social Security Number _____

Account Holder's Name (please print) _____ Account Holder's Signature _____ Date of Authorization _____

Account Holder's E-mail _____ Account Holder's Telephone Number _____

Joint Account Holder's Name, if applicable (please print) _____ Joint Account Holder's Signature, if applicable _____

Joint Account Holder's E-mail _____ Joint Account Holder's Telephone Number _____

Please fax or mail the completed form to:

Mail: MarkOne Financial, P.O. Box 550870, Jacksonville, Florida 32255
Fax: 904-899-7312



**Attach your unsigned and
voided check here.**