

Division of Investments
Department of Commerce, Community, and Economic Development
PO Box 110802
Juneau, AK 99811-0802
Phone: (907) 465-2510 or (800) 478-LOAN (5626) in Alaska
Fax: (907) 465-2103

Auto Payment Authorization

Borrower Information

(All Borrower Information is REQUIRED unless so stated)

Primary Borrower	Social Security (Last 4) or Tax ID Number	Loan Number
Mailing Address	Home Phone Number	Work Phone Number (optional)
City State Zip Code	Email Address (optional)	Cell Phone Number (optional)

Would you like to receive a payment confirmation email sent to the address above? YES NO

Financial Institution Information

- Personal Checking Account – You MUST attach a VOIDED check**
- Joint Checking Account – You MUST attach a VOIDED check**
- Personal Savings Account – Please verify Transit Routing Number and Account Number with your financial institution.
- Joint Savings Account - Please verify Transit Routing Number and Account Number with your financial institution.

Financial Institution:	
Street Name:	
City/State/Zip Code:	Account Name:(as it appears on the account)
Transit Routing Number:	Account Number:

Payment Amount Options

Your payment will be debited on the first business day of month that the payment is due.

- Regular Payment
- Fixed Amount \$ _____
- Regular payment + principal reduction of \$ _____

If a transaction is returned as insufficient funds (NSF) you will be assessed a \$25.00 NSF fee. You will be required to remit the payment and NSF fee via check. If the payment and NSF fee are not received by the late fee date you will also be assessed a late fee and lose your Pay-on-Time qualification status. In addition, you will be removed from the Autopay program and will be required to submit another application should you wish to be reinstated.

Authorization

The undersigned hereby authorize(s) and direct(s) the Division of Investments to initiate debit entries to the deposit account of the undersigned identified above; and authorize(s) and direct(s) the financial institution maintaining the deposit account to permit withdrawal of available credit in accordance with debit entries initiated by the Division pursuant to this AUTO PAYMENT AUTHORIZATION. The undersigned also understands that the Division will initiate debit entries in the amount indicated above on the first business day of the month(s) for which this authorization authorizes a debit. The undersigned also understands(s) that this authorization remains in effect until such time that the Division is notified in writing that this authorization is rescinded, or the Division notifies the undersigned in writing that the authorization is being rescinded or the loan is closed.

_____ Authorizing Signature	_____ Date
_____ Authorizing Signature	_____ Date

-- DIVISION OF INVESTMENTS PROCESSING ONLY -- Do not write below this line.

Processed By:	Date Processed:
Confirmation Sent Date:	