

Please mail form to: Blue Ridge Bank and Trust Co. Attn: Loan Operations 4200 Little Blue Parkway Independence, MO 64057

CONSUMER AUTHORIZATION FOR DIRECT LOAN PAYMENT VIA ACH

(ACH DEBITS)

(Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.)

I (we) authorize BLUE RIDGE BANK AND TRUST CO. to electronically debit my (our) account indicated at the Financial Institution below for payment of my (our) loan. I (we) understand that BLUE RIDGE BANK AND TRUST CO. requires ten (10) business days to process a request.

Name 1:	Name 2:			
Street Address:				
City:		State:		Zip:
Email address:				
BANK ACCOUNT DETAILS:				
Financial Institution Name:		T		
City:		State:		Zip:
Financial Institution Routing Number:	1			
Account Number:	☐ Checking ☐ Savings			
Please Attach a Copy of a Voided Check				
PAYMENT DETAILS:				
Loan Number:				
Amount of Debit:	Date of First Debit:			
Frequency: Monthly on the $\Box 5^{th}$ $\Box 10^{th}$ $\Box 15^{tl}$	□ 20 th	☐ 25 th	☐ 30 th	day of the month.
I (we) understand this authority will remain in force for the entire portion of the loan minus the last payment.				
At that time I will contact BLUE RIDGE BANK AND TRUST CO. for my final payment amount.				
HOW TO REVOKE YOUR AUTHORIZATION:				
I (we) understand that this authorization will remain in full force and effect until I (we) have cancelled it in				
writing by mail to BLUE RIDGE BANK AND TRUST CO., Attn: Loan Operations, 4200 Little Blue Parkway,				
Independence, MO 64057. I understand that BLUE RIDGE BANK AND TRUST CO. requires at least ten (10) days prior notice to my next loan payment in order to cancel this authorization.				
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Customer Signature(s):				
Date: Daytime Phone Number:				