



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:

BANK ACCOUNT DETAILS:		
Financial Institution Name:		
City:	State:	Zip:
Financial Institution Routing Number:		
Account Number:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Please Attach a Copy of a Voided Check		

PAYMENT DETAILS:	
Loan Number:	
Amount of Debit:	Date of First Debit:
Frequency: Monthly on the <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th <input type="checkbox"/> 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.

Customer Signature(s): _____

Date: _____ **Daytime Phone Number:** _____