



AUTOMATIC PAYMENT AUTHORIZATION

11281 Business Park Circle, Firestone, CO 80504 720.494.2740

I hereby authorize Centennial Lending, LLC, hereinafter called LENDER, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I (we) further agree that the payment amount may be adjusted from time to time for changes in amounts of escrowed items, interest rate for variable rate loans or late fees. In the event that any form of refund or credit is at any time payable to me, I (we) also authorize the amount of such refund or credit to be credited to my (our) account indicated below, in lieu of the issuance of a check or other form of payment. I am also aware there will be a \$25.00 fee assessed for non-sufficient funds.

Financial Institution Name: _____

Financial Institution Address: _____

Financial Institution City/State/ZIP: _____

Routing Number: _____ Account Number: _____

Name on Account: _____

Account Type: CHECKING SAVINGS (CIRCLE ONE)

PAYMENT INFORMATION:

Starting Date: _____

Payment Day (indicate day (1st- 31st) to draft payment): _____

Dollar Amount: \$ _____

Apply to Loan Account Number: _____

This authorization is to remain in full force and effect until LENDER has received written notification from me of its termination or payment in full of the outstanding balance in such time and manner as to afford LENDER and FINANCIAL INSTITUTION a reasonable opportunity to act on it. This authorization may be unilaterally terminated by the LENDER in cases of excessive returns or member abuse.

Print Individual Name: _____

Signature: _____ Date: _____

Email Address: _____

***** PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM*****

For internal use only:

Input	Verified