



# State Home Mortgage



## AUTOMATIC PAYMENT AUTHORIZATION/TERMINATION FORM

NEW SET UP       CHANGE SET UP       TERMINATION REQUEST\*

*\*To terminate a previously approved payment authorization, please sign below with 30 days advance notice.*

Loan Number: \_\_\_\_\_ Mortgagor's Name: \_\_\_\_\_

Complete Property Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Preferred Contact Number: \_\_\_\_\_

CHECKING

SAVINGS

BANK NAME: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ Routing #: \_\_\_\_\_

BANK PHONE NUMBER: \_\_\_\_\_

### OPTIONS:

- Write Draft Date Here: **Please choose any date from the 1st thru the 15th:**
- Additional Principal (if any)  
\$ \_\_\_\_\_

**Attach a blank, voided, pre-printed check for checking accounts. Attach a blank pre-printed deposit slip for savings accounts. In lieu of bank check, you may provide banking information from your banking institute.**

I (we) hereby authorize State Home Mortgage to initiate debit entries to my account listed above for the mortgage payment due each month. This also authorizes my account for changes in the mortgage payment due under the terms of my loan. This authority is to remain in effect until State Home Mortgage receives written notice to terminate this authorization, which must be received 30 days prior to the effective date. I will continue to mail in my payments until I am notified in writing of the effective date of the first automatic draft. I understand that automatic payments will not take place if my loan is delinquent.

I (we) hereby authorize State Home Mortgage to TERMINATE automatic drafts.

Effective Date: \_\_\_\_\_

Mortgagor's Name: *(please print)* \_\_\_\_\_

Mortgagor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please mail form to SHM or fax form to 404-679-4837 or 770-302-9689**

