



Autopay



First National Bank
of America

To have your monthly payment automatically withdrawn from the bank account you specify, complete and return this form using one of the methods listed below or call us at **800.266.7661** to enroll.

Borrower: _____ FNBA Account Number: _____
Please print your full name.

Bank/Credit Union Name: _____

Bank/Credit Union City: _____ Bank/Credit Union State: _____

Account Type: ☐ Personal Checking ☐ Personal Savings ☐ Business Checking ☐ Business Savings

Routing Number: _____ Account Number: _____

Preferred Withdrawal Date: ____/____/____ Additional Monthly Payment: \$_____
If other than due date. If you'd like to pay extra toward your principal.

I hereby authorize First National Bank of America to debit my bank account for my monthly payment plus the amount written in the "Additional Monthly Payment" section above. First National Bank of America will notify me with written confirmation and the effective date of my first automatic debit. This authorization will remain in effect until I notify First National Bank of America in writing, three business days before the due date that I wish to cancel it, allowing First National Bank of America reasonable time to act upon my request. I understand that First National Bank of America reserves the right to cancel this agreement in writing at any time.

Note: If your monthly escrow increases, your ACH will automatically increase. If any debit is returned for non-sufficient funds, there may be an NSF fee and late fees may be incurred.

Borrower Signature: _____ Date: ____/____/____
Must be authorized account holder.

Phone Number: (____) _____ Email: _____
Please provide your daytime phone number.

Please return this form using one of the following methods:

Email: **service@fnba.com**

Fax: **517.336.0497**

Mail: **First National Bank of America**
Customer Service
P.O. Box 980
East Lansing, MI 48826

