

Department of Commerce, Community & Economic Development
Division of Economic Development
PO Box 34159
Juneau AK 99803
Phone: (907) 465-2510 or (800) 478-LOAN (5626)
FAX: (907) 465-2103

Auto Payment Authorization

Borrower Information

(All Borrower Information is REQUIRED unless so stated)

| | | |
|---|--------------------------|------------------------------|
| Borrower Name | Mother's Maiden Name | Loan Number |
| Mailing Address | Home Phone Number | Work Phone Number (optional) |
| City State Zip code | Email Address (optional) | Cell Phone Number (optional) |

Financial Institution Information

- Personal Checking Account – **You MUST attach a VOIDED check**
- Joint Checking Account – **You MUST attach a VOIDED check**
- Personal Savings Account – Please verify Transit Routing Number and Account Number with your financial institution.
- Joint Savings Account - Please verify Transit Routing Number and Account Number with your financial institution.

| | |
|-------------------------|---|
| Financial Institution: | |
| Street Name: | |
| City/State/Zip Code: | Account Name:(as it appears on the account) |
| Transit Routing Number: | Account Number: |

Payment Amount Options

Your payment will be debited on the first business day of month that the payment is due.

- Regular Payment
- Fixed Amount \$_____
- Regular payment + principle reduction of \$_____

Authorization

The undersigned hereby authorize(s) and direct(s) the Division of Economic Development to initiate debit entries to the deposit account of the undersigned identified above; and authorize(s) and direct(s) the financial institution maintaining the deposit account to permit withdrawal of available credit in accordance with debit entries initiated by the division pursuant to this AUTO PAYMENT AUTHORIZATION. The undersigned also understands that the division will initiate debit entries in the amount indicated above on the first business day of the month(s) for which this authorization authorizes a debit. The undersigned also understands(s) that this authorization remains in effect until such time that the division is notified in writing that this authorization is rescinded, or the division notifies the undersigned in writing that the authorization is being rescinded or the loan is closed.

| | |
|-----------------------|------|
| Authorizing Signature | Date |
| Authorizing Signature | Date |

-- DIVISION OF ECONOMIC DEVELOPMENT PROCESSING ONLY – Do not write below this line

| | |
|-------------------------|-----------------|
| Processed By: | Date Processed: |
| Confirmation Sent Date: | |