



AUTHORIZATION FOR CHANGE IN AUTOMATIC PAYMENT

Client ID: _____

Client Information: (Name, Address, Phone): _____

CHANGE IN AMOUNT: Yes No If so, new amount to be withdrawn: \$ _____

Effective Date: _____

*IS THIS A ONE-TIME EXCEPTION? Yes No If so, date to resume regular payment _____

CHANGE IN DUE DATE: Yes No If so, new due date: _____

Effective Date: _____

CHANGE IN BANK ACCOUNT: Yes No Authorization to stop original ACH

Effective Date of stop _____

Client Signature

Date

COMPLETE INFORMATION BELOW FOR CHANGE IN BANK ACCOUNT ONLY

I/We authorize The Village Financial Resource Center and Bremer Bank, NA to initiate entries to my/our checking/savings account in the amount of \$ _____ on the (select one) 4th, 19th, OR 4th & 19th of each month, effective date: _____. This authority will remain in effect until I/we notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I/we can stop payment of any entry by notifying my/our financial institution 3 days before my/our account is charged. I/We can have the amount of an erroneous charge immediately credited to my/our account up to 15 days following issuance of my/our statement or 60 days after posting whichever occurs first. I/We understand The Village may automatically terminate the automatic payment plan upon notification of a returned item/insufficient fund transaction.

Date

Signature

Date

Signature

PLEASE UPDATE THE FOLLOWING INFORMATION:

Type of Account (Select one): Checking Savings

Name and Address of Financial Institution: _____

Financial Institution Routing Number: _____
(9-digits between these symbols | : | on bottom of your check)

Account Number: _____

Please include a voided check with the form