

New



Return To: Arvest Bank
PO Box 799
Lowell, AR 72745

Authorization for Direct Payment via ACH

Loan # _____

I hereby authorize ARVEST BANK to initiate the following electronic debit to my (our) account (and if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Effective date to begin: _____

Transfer will be made on _____ of each month

From: Account Number _____

☐ Checking ☐ Savings (Check one)

Account name _____

Bank Name _____ Bank Routing Number _____

Please attach a voided check on all NON-ARVEST bank accounts.

☐ Regular Monthly Payment ☐ Weekly ☐ Quarterly ☐ Annually \$ _____

☐ Semi-Monthly (1st&15th) ☐ Bi-Weekly (Every 14 days) ☐ Semi-Annually

The request to set up a new payment transfer must be received by the bank a minimum of 15 days prior to the next scheduled payment. This authorization will remain in effect until revoked by the payoff of the loan or written notification from the borrower prior to the next scheduled automatic payment. I (we) agree that ACH transactions I (we) authorize comply with all applicable laws.

I understand and agree that if a payment date falls on a non-business day, the transfer will be made on the first processing day after the scheduled payment date.

Account Holder Signature

Name (Please Print)

Date

Daytime Phone Number

Internal use only: Upload signed request using the Loan Maintenance Form.

Name: _____ Br#: _____ Phone#: _____