



Alaska Division of Investments
 Dept. of Commerce, Community,
 & Economic Development
 Juneau, AK 99803-4159
 Phone: (907) 465-2510
 (800) 478-LOAN (5626)
 Fax: (907) 465-2103

Auto Payment Authorization

Borrower Information

(All Borrower Information is REQUIRED unless so stated)

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

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 Alaska Division of Investments (ADI) 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 ADI pursuant to this AUTO PAYMENT AUTHORIZATION. The undersigned also understands that ADI 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that this authorization remains in effect until such time that ADI is notified in writing that this authorization is rescinded, or ADI notifies the undersigned in writing that the authorization is being rescinded or the loan is closed.

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

-- ADI PROCESSING ONLY – Do not write below this line

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