

ACH Form Instructions

****Read This Page Before Filling out Forms****

Enclosed are the forms required to set up ACH payments. The forms required are an Agreement for Debit (ACH) form and a Service Fee Authorization form. Please print out all forms and return to our office.

1. Agreement for Debit

On this form, please complete the bank information, name, address, and telephone number, then sign and date. Also attach a voided check or copy of one if this is coming out of a checking account.

Amount/Date of Debit Line Requirements:

- The Amount must be a MINIMUM of your current payment amount.
- NO withdrawals between the **26th-31st** of each month.
- The withdrawal cannot be set up with a day of the month that is after your grace period. This is to prevent automatic transactions from incurring a late fee.

2. Service Fee Authorization

If your account is a NON-ESCROW account make sure to fill out the correct Service Fee Authorization form titled **NON-ESCROW ACCOUNTS** (last page). If you have an escrow account use the first Service Fee Authorization form and discard the NON-ESCROW ACCOUNTS page. The Service Fee Authorization form is required and must be completed and returned with the Agreement for Debit in order for us to set up your automatic payment.

3. Return to our Office

These forms must be filled out and returned to our office at least **3** business days prior to withdrawal. You can also fax them to 319-363-3918, or email to cecnancy@gmail.com. If we do not receive these in time to have the payment processed this way, you will be responsible for making sure that the monthly payment is received on time by other means (check, money order, cashier's check, etc.), until we receive the necessary paperwork.

If you have any questions or concerns please contact Nancy Malloy at 319-363-8827.

CEC ACCOUNT # _____

**Authorized Agreement for Debit (ACH) Pre-Authorized Payments
(from another financial institution)**

For company use only.

Name: <u>Contract Exchange Corporation</u>	Acct. # _____
Address: <u>222 3rd Street SE, Suite 302, Cedar Rapids, Iowa 52401</u>	
Tax ID # _____	Phone # <u>319-363-8827</u>
Email: _____	Fax # <u>319-363-3918</u>

Add Change Cancel

I authorize Collins Community Credit Union to initiate debit entries and adjustments for errors to my account indicated below, and the depository named below to credit the same account.

Name of financial institution transferring from: _____
Financial institution's phone # _____ Transit/ABA # _____
Account # _____ Savings Checking

This authority shall be revocable at any time at the option of the depositor or Contract Exchange. It shall remain in full force and effect until CCCU has received written notification from the depositor or Contract Exchange of its termination in such time and in such manner as to afford CCCU and Depository a reasonable opportunity to act on it. CCCU reserves the right to terminate this agreement at any time.

If the bank dishonors any automatic payment, for any reason including insufficient funds, there will not be a second automatic submission that month.

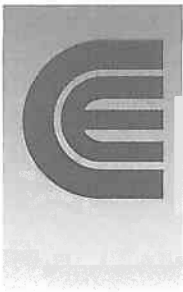
The debit amount is subject to change provided I, the depositor, have been given notice ten days prior to the debit entry being made from my account.

Name: _____ Phone # _____ Fax # _____
Address: _____
Contact person: _____ Email address: _____

Signature: _____ Name/ Title _____ Date _____

Amount \$ _____ Date of Debit _____ of each month beginning ___ / ___ / ___

Attach voided check or copy of voided check here.



CONTRACT EXCHANGE CORPORATION

222 Third Street SE, Suite 302 • Cedar Rapids, Iowa 52401-1508 • Phone: 319-363-8827 • Fax: 319-363-3918 • 1-800-397-8827

SERVICE FEE AUTHORIZATION FOR (ACH) PRE-AUTHORIZED PAYMENTS

NAME: _____ ACCOUNT # _____

PROPERTY ADDRESS: _____

I AUTHORIZE CONTRACT EXCHANGE CORPORATION TO WITHDRAW \$3.00 PLUS SALES TAX FROM MY ESCROW ACCOUNT FOR THE PURPOSE OF SETTING UP AND MAINTAINING THE MONTHLY PRE-AUTHORIZED PAYMENT ON MY ACCOUNT LISTED ABOVE. THE FEE WILL BE WITHDRAWN AS NEEDED FOR THE FOLLOWING:

1. INITIAL SET UP
2. CHANGES (INCLUDING BUT NOT LIMITED TO – **PAYMENT AMOUNT, BANK ACCOUNT AND/OR INSTITUTION)
3. DELETIONS

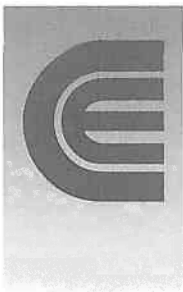
IF THE PRE-AUTHORIZED PAYMENT IS REJECTED THERE WILL BE A \$20.00 CHARGE TO MY ESCROW ACCOUNT.

*IF THE PRE-AUTHORIZED PAYMENT IS REJECTED THREE (3) TIMES WITHIN A TWELVE (12) MONTH PERIOD, IT WILL BE STOPPED AND THE ESCROW ACCOUNT WILL BE CHARGED A DELETION FEE.

**AT THE BEGINNING OF DECEMBER EACH YEAR, AN ANALYSIS IS DONE ON THE ESCROW PORTION OF THE MONTHLY PAYMENT. IF THERE IS A CHANGE TO THE MONTHLY PAYMENT, A CHANGE FEE WILL BE CHARGED TO THE ESCROW ACCOUNT.

SIGNATURE _____ DATE: _____

SIGNATURE _____ DATE: _____



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SERVICE FEE AUTHORIZATION FOR (ACH) PRE-AUTHORIZED PAYMENTS NON-ESCROW ACCOUNTS

NAME: _____ ACCOUNT # _____

PROPERTY ADDRESS: _____

I HEREBY AGREE TO PAY CONTRACT EXCHANGE CORPORATION \$3.00 PLUS SALES TAX FOR THE PURPOSE OF SETTING UP AND MAINTAINING THE MONTHLY PRE-AUTHORIZED PAYMENT ON MY ACCOUNT LISTED ABOVE. THE FEE WILL BE PAID AS NEEDED FOR THE FOLLOWING:

1. INITIAL SET UP
2. CHANGES (INCLUDING BUT NOT LIMITED TO – **PAYMENT AMOUNT, BANK ACCOUNT AND/OR INSTITUTION)
3. DELETIONS

IF THE PRE-AUTHORIZED PAYMENT IS REJECTED THERE WILL BE A \$20.00 CHARGE BILLED TO ME, TO BE PAID WITHIN TEN (10) DAYS.

*IF THE PRE-AUTHORIZED PAYMENT IS REJECTED THREE (3) TIMES WITHIN A TWELVE(12) MONTH PERIOD, IT WILL BE STOPPED AND I WILL BE CHARGED A DELETION FEE OF \$3.00 PLUS SALES TAX.

SIGNATURE _____ DATE: _____

SIGNATURE _____ DATE: _____