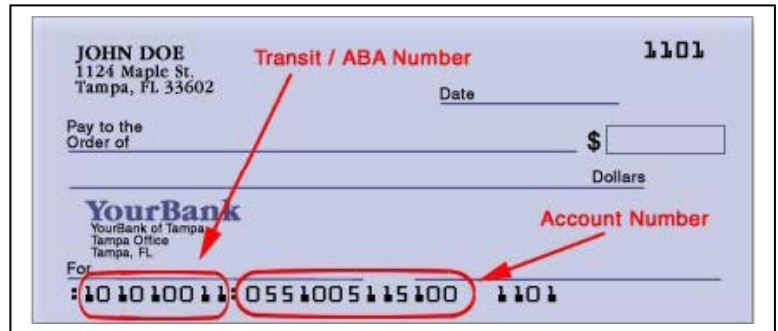




# DIRECT DEBIT AUTHORIZATION FORM

Please attach VOIDED CHECK here.

**Genesee County Land Bank**  
**452 S. Saginaw Street**  
**Flint, Michigan 48502**



Name \_\_\_\_\_

Loan Number \_\_\_\_\_

By completing and signing this form, I hereby authorize Genesee County Land Bank to initiate debit entries as indicated and named below to my account at the depository financial institution, hereinafter named FINANCIAL INSTITUTION, and to debit the same to such account on the 1<sup>st</sup> or 6<sup>th</sup> of every month. I acknowledge that the origination of the ACH transactions to my account must comply with NACHA regulations.

Furthermore, if any such debit(s) should be returned NSF, I authorize Genesee County Land Bank to collect such debit(s) by electronic debit and subsequently collect a returned debit NSF fee of \$25.00 per item by electronic debit from my account identified below.

I am a duly authorized check signer on the financial institution account identified below, and authorize all of the above as evidence by my signature below.

- Type of Account     [ ] Checking (Attached voided check)  
                           [ ] Savings (Attach routing form signed by bank representative)

\_\_\_\_\_  
Financial Institution Name (please print in ink)

\_\_\_\_\_  
City / State / ZIP

\_\_\_\_\_  
Bank Transit/Routing Number

\_\_\_\_\_  
Bank Account Number

I (we) have read the terms of this application and agree to the terms. This authorization will remain in full force and effect until the Genesee County Land Bank has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Genesee County Land Bank and my financial institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature for Authorization   Date

\_\_\_\_\_  
Signature for Authorization   Date

Phone Number \_\_\_\_\_

Start Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
(Exp. Month/ 1<sup>st</sup> or 6<sup>th</sup>)