



Instructions – Please complete all 4 steps.

If you would like to authorize MarkOne Financial to deduct your monthly payments by automatic deduction, please:

1. Complete the form below. If your account is a joint account both account holders must sign this form.
2. Attach a voided, unsigned check to the form.
3. Return the original form and the voided check to MarkOne Financial.
4. Retain a copy of this form for your files.

We will process your account for automatic deduction as soon as possible after we receive your form. The authorization form must reach our office by the 10th of the current month to begin your automatic payment for the following month. You should make the payment due in the current month as usual as it might take until your next payment is due for this authorization to be fully processed.

ACH Authorization Form

I hereby authorize MarkOne Financial to initiate debit entries to my (our) account in the entity named below (“institution”), and I (we) authorized the institution to accept and to debit the amount of such entries to my (our) account. Each debit shall be made each month in an amount equal to the withdrawal amount indicated. _____ Checking Savings _____ (Check One)

_____ Bank (Institution) Name OR _____ Credit Union (Check One)

Address _____

City _____ State _____ Zip _____

Transit/Routing No. (First nine digits encoded on your check) _____ Bank Account Number _____

MarkOne Account Number _____

Start Date: _____ mm/yy Withdrawal Date: _____ Withdrawal Amount \$ _____

Your Pay Period: _____ Weekly _____ Every 2 weeks _____ Monthly _____ 15/30th

If you choose to make split payments to your loan, please provide the dates and amounts below.

Date of 1st Withdrawal _____ Amount of 1st Withdrawal _____ Bimonthly _____

Date of 2nd Withdrawal _____ Amount of 2nd Withdrawal _____ Bimonthly _____

This authorization is to remain in full force and effect until all amounts payable to MarkOne Financial are paid in full or until I revoke the agreement as hereinafter provided. Any revocation shall not be effective until MarkOne Financial has received written notification from me of my desire to terminate this agreement in such time and in such manner as to give MarkOne Financial a reasonable opportunity to act on it. I understand that I will be notified of any payment changes debited to my account.

MarkOne Financial reserves the right to cancel a borrower’s participation in the ACH program at any time.

Borrower’s Name (please print) _____ Social Security Number _____

Account Holder’s Name (please print) _____ Account Holder’s Signature _____

(Joint Accounts) Holder’s Name (please print) _____ Joint Account Holder’s Signature _____

Date of Authorization _____ Account Holder’s Telephone Number _____

E-mail _____

Please return to: MarkOne Financial ~ P.O. Box 550870 ~ Jacksonville, FL 32255-0870

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