



automatic payment authorization agreement

To ensure proper implementation, please allow 45 days to process the request.

I hereby authorize the financial institution indicated on the enclosed check or savings withdrawal to honor monthly withdrawals from the account shown on the enclosed check or savings withdrawal which are initiated by Colorado Housing and Finance Authority (CHFA).

I also authorize CHFA to initiate monthly withdrawals for monthly payments due on the loan number indicated below. This authorization is to remain in force until my mortgage loan is paid in full or until CHFA has received written notice 30 days prior to cancellation of this authorization, payoff, or assumption of my mortgage loan. I understand that upon cancellation of this authorization subsequent mortgage loan payments must be made according to the terms of my note and deed of trust or as instructed by CHFA. I understand this authorization does not change the terms of my mortgage loan.

CHFA reserves the right to cancel the borrower's participation in the event of a stop payment on a draft without prior notification, account closed without prior notification, and/or two or more insufficient drafts in one year. Reinstatement in this program will be considered after a period of six (6) months.

note:
Please complete this form and attach a voided check or savings withdrawal form to this document before mailing back to CHFA. Retain a copy of this form for your files.

this is notification of a change in financial institution

Loan Number _____ Additional Principal _____

select day of month for payment: 1st 5th 16th

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Email _____

Signature of Account Holder _____

Signature of Account Holder _____

Please mail this completed form to :

CHFA
Attn: Loan Servicing
1981 Blake Street
Denver, CO 80202-1272

Please continue to mail your payments until we notify you of your first draft date.