



1981 Blake Street  
 Denver, Colorado 80202  
 800.877.chfa (2432)  
 www.chfainfo.com

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

## please enter your account information

Is this notification of a change in financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	Loan Number
Additional Principal	Select Day of Month For Payment <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 16th

Name		
Address		
City	State	Zip
Home Phone	Work Phone	

## signature(s)

Signature of Account Holder \_\_\_\_\_ Date \_\_\_\_\_

Signature of Account Holder \_\_\_\_\_ Date \_\_\_\_\_

## mail this completed form to

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