



## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

BAYFIRST- 700 CENTRAL AVE. ST. PETERSBURG FLORIDA 33701

PLEASE RETURN COMPLETED FORM TO: [LOANOPS@Bayfirstfinancial.com](mailto:LOANOPS@Bayfirstfinancial.com)

CHECK ONE:

☐

ONE TIME

☐

RECURRING

EFFECTIVE DATE:

### INDIVIDUAL/ COMPANY INFORMATION

INDIVIDUAL/ORGANIZATION NAME (PLEASE PRINT CLEARLY)

LOAN NUMBER

AREA CODE/PHONE NUMBER:

### TYPE OF PAYMENT- SELECT ONE

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DRAFT PAYMENT AS BILLED

☐

FIXED DOLLAR (MUST EXCEED BILLED AMOUNT)

\$

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ADDITIONAL AMOUNT (IN ADDITION TO THE BILLED AMOUNT)

\$

### FINANCIAL INSTITUTION INFORMATION- A COPY OF A VOIDED CHECK IS REQUIRED FOR RECURRING PAYMENTS

FINANCIAL INSTITUTION NAME:

STREET ADDRESS

CITY/STATE/ZIP

NAME ON ACCOUNT:

NINE DIGIT BANK ROUTING NUMBER:

ACCOUNT NUMBER:

I (We) hereby authorize the institution of a deduction from my account and the financial institution named below to debit such account. I (We) understand I (we) must provide a 10 day lead time for the first Auto Draft. I (We) understand I (we) will be notified if the debit amount needs to be adjusted, either to be increased or decreased. I (We) understand BayFirst National Bank will charge \$25 for any returned automatic payments in addition to any late charges assessed by my loan agreement and unavailable charges assessed from the financial institution listed below. I (We) also understand that I (we) have the right to stop automatic payment by notifying my financial institution in writing 10 days prior to the time my account is charged. I (We) acknowledge that the origination of ACH Transactions must comply with the provisions of U.S. law and the NACHA Operating Rules. In the event there is an error in the processing of my (our) transfer, I (we) authorize BayFirst National Bank to initiate debit or credit entries to my account to correct such erroneous transfer, provided that any such corrections are made in accordance with applicable laws and regulations. I (We) understand that BayFirst National Bank may cancel this agreement at their discretion.

SIGNATURE:

DATE: