



Canal Ponds Business Park  
100 Marina Drive • Rochester, New York 14626  
(585) 453-7000 • (800) 836-7328  
summitfcu.org

## MONTHLY PAYMENT AUTHORIZATION FORM

Please complete and sign this authorization form.

**MEMBER NAME(S):** \_\_\_\_\_  
**SUMMIT ACCOUNT NUMBER:** \_\_\_\_\_  
**MORTGAGE ACCOUNT NUMBER:** \_\_\_\_\_  
**PAYMENT DUE DATE:** \_\_\_\_\_

### **Authorization:**

I hereby authorize The Summit Federal Credit Union to debit my account on the first or second business day of each month commencing with my (our) payment due\_\_\_\_\_. I(We) also authorize The Summit Federal Credit Union to discuss any deficiency in my(our) account with me(us) and with the Federal National Mortgage Association.

### **Summit Account:**

I wish to have my monthly payment designated from the following account:

Member #: \_\_\_\_\_ Suffix #: \_\_\_\_\_

### **Payment Changes:**

Periodic changes to your payment amount may occur, therefore, the monthly debit amount will change accordingly.

This authorization is to remain in full force and effect until The Summit Federal Credit Union has received written notification from me (or either of us) to act on it and in no event shall it be effective with respect to entries processed by The Summit Federal Credit Union prior to receipt of notice of termination.

The undersigned (s) hereby agree (s) that all such debit entries initiated hereunder are to be governed in all respects by the normal credit union rules and regulations.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date