

**Iron Oak Home Loans, Inc.**

9260 Alcosta Blvd., Bldg C Suite 16  
San Ramon, CA 94583  
925-803-2461

Customerservice@ironoak1.com

**Recurring Payment Authorization Form**

**Schedule your payment to be automatically deducted from your bank account. Just complete and sign this form to get started!**

**You have three dates you can choose from for your auto pay to be deducted from your account. The 1<sup>st</sup>, 10<sup>th</sup> and if you live in the property, the 15<sup>th</sup>. Please check the "Note" to confirm.**

**Please complete the information below:**

I \_\_\_\_\_ authorize **Iron Oak Home Loans, Inc.** to debit my bank account  
(full name)

indicated below for \$ \_\_\_\_\_ on the 1<sup>st</sup>, 10<sup>th</sup> or 15<sup>th</sup> (see above) of each month for payment of loan  
number \_\_\_\_\_. (day or date)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

**Checking/ Savings Account**

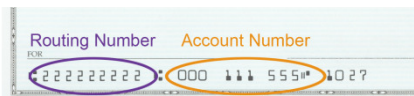
Checking       Savings

Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_ Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_



SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Iron Oak Home Loans, Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Iron Oak Home Loans, Inc. may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$15.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.