



ACH DIRECT DEBIT FORM - RECURRING

Money is transferred from one bank account to another by Electronic Funds Transfer (EFT) utilizing the Automated Clearing House (ACH) Network governed by the Federal Reserve System and the National Automated Clearing House Association (NACHA).

Borrower Information:	
I(we) hereby authorize Superior Loan Servicing to electronically debit my(our) account.	
Borrower Name	
Loan ID Number	
Phone Number	
Email	
Please select a debit date within your grace period and refer to your loan terms/documents to not incur a late fee.	

Banking Account Information			
Account Name			
Bank Name			
Account Type	Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	
Routing Number		Account Number	

These numbers are located on the bottom of your check as follows:

123456789

1234567890123

Routing Number
Account Number

I(We) authorize SLS to initiate monthly ACH transactions for the full payment amount due as billed from my/our account indicated in accordance with the provisions of US law and understand if this payment is returned due to Insufficient Funds (NSF) or an invalid Checking Account #, I (we) are subject to a \$45 NSF Fee. I understand that this authorization will remain in full force and effect until I(we) notify Superior Loan Servicing that I(we) wish to revoke this authorization.

Borrower Signature		Borrower 2 Signature	
Print Name		Print Name	

Please complete this form and SUBMIT A VOIDED CHECK and email to lss@slsbox.com