Flagstar Bank Authorization for Automatic Payment (ACH Debits) Form

Use this form to create Automatic Payments for your Flagstar Bank Loans.

Fax **this completed page** and **a <u>Voided Check</u>** (NO DEPOSIT SLIPS) to (888) 548-0528 **(Do not attach a Cover Letter)**
        Or
Mail **this completed form** and **a <u>Voided Check</u>** (NO DEPOSIT SLIPS) to: Flagstar Bank,
Attention – Auto Debit Department
Mail Stop S-115-3
5151 Corporate Drive
Troy, MI 48098-2639

| Section 1 | Loan Number: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ - ☐ |

| Section 2 | **Please Print Bank Information in CAPITAL LETTERS (Get this info from YOUR BANK)** |

Bank Name: _____

Bank Account Number: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Bank ABA Number (Routing Number): ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
(Located on the bottom of your check)

Check here if this is a Checking Account: ☐   Check here if this is a Savings Account: ☐

Your Bank's Phone Number: (_____) ____-_____ ext. _____

| Section 3 | **Option for Principal Payments** |

Flagstar Bank is hereby authorized to draft an **ADDITIONAL** $ _____ each month **(in addition to my regular monthly payment)** to be credited to the principal balance. The amount will be constant each month until I request a change.

| Section 4 | I authorize Flagstar Bank to automatically debit my bank account monthly for the amount of my full mortgage payment plus any additional principal as indicated above in Section 3. I understand that the payment amount may vary due to changes in escrow requirements or principal and interest payments for adjustable type mortgages, if applicable. Flagstar Bank is authorized to debit my bank account until Flagstar Bank has received written notification to terminate this service. Termination request must be received by Flagstar Bank (3) days prior to the next scheduled monthly draft.

Please CONTINUE MAKING PAYMENTS until we notify you by mail when automatic payments begin – This may take up to 45 days.

Select **Date of Month** you want the payment to be withdrawn: ☐

For Home Equity Lines of Credit (HELOCS) only
Select **Date of Month** you want the payment to be withdrawn:
If your HELOC payment is due on the 10th of every month, pick a date between the 1st and the 10th   ☐
If your HELOC payment is due on the 20th of every month, pick a date between the 6th and the 20th

Print Borrower's Legal Name: _____

Borrower's Daytime Phone Number: (_____) ____-_____ ext. _____

Borrower's Signature: _____   Date: ___ / ___ / _____
                                                                                  MM / DD / YYYY