



Pre-Authorized Instant Deduction (P.A.I.D.) Application

Please attach a voided check or savings deposit slip from your bank account.

Name _____ Bank Name _____ Loan Number _____

Bank Account Number _____ Checking _____ Savings _____

I (We) authorize Chase to deduct the amount of my (our) mortgage payment due each month on my (our) mortgage loan from my (our) Bank Account listed above. This agreement also authorizes the bank named above to deduct from such account each month until this Agreement is terminated by me (us). I (We) further authorize Chase to adjust the amount deducted from my (our) account to correspond to periodic changes in my (our) mortgage payment due each month under the terms of my (our) loan. I (We) understand that Chase will send a written notification to me (us) at least ten (10) days prior to any change in the amount of the monthly deduction.

I (We) understand that my (our) payment will be deducted on the payment due date or within the next ten (10) business days. If the deduction is not honored by my (our) bank for any reason, I (we) will submit replacement funds for the failed deduction.

Please choose the number of days after the payment due date (usually the first of the month) that you would like your payment deducted.

0 Days _____ 1 Day _____ 2 Days _____ 3 Days _____ 4 Days _____ 5 Days _____ 6 Days _____ 9 Days _____

Please indicate below if you would like to have additional funds deducted each month and applied toward your principal balance. Additional escrow payments are not available through the P.A.I.D. Program.

Please deduct \$ _____ in addition to my monthly payment.

Please enter the total amount to be deducted each month.

My total P.A.I.D. monthly deduction will be \$ _____.

Your bank must be a member of the National Automated Clearing House Association (NACHA).

Applicant Signature **Date**

Co-Applicant Signature (For Joint Bank Accounts Only) **Date**

[Please attach your voided check or savings deposit slip here]

Please send your completed application to:
ACH Department
Chase Home Finance LLC
P.O. Box 251508
West Bloomfield, MI 48325
Or fax to: **1-248-305-9638**