

Mortgage Automatic Payment (ACH) Authorization Form



RBC Bank

To take advantage of this FREE service, simply complete and sign this form and mail to the address at the bottom of the form. *Automatic payments must be debited from a U.S. financial institution. You must continue to make your scheduled monthly payments by check until you receive confirmation that your payments will be made automatically.* It may take up to 60 days before your account is set up for automatic ACH payments.

Borrower Information

Name: _____ Loan Number: _____

Address: _____

City: _____ State: _____ Zip: _____

U.S. Financial Institution Information

Note: Your automatic payment may only be debited in U.S. Dollars from a U.S. financial institution

Name: _____

City: _____ State: _____ Zip: _____

Institution Routing Number: (always 9 digits)
If paying from your RBC Bank (U.S.) account, the Institution Routing Number is 063216608.

Account Number: Account Type: Checking Savings:

These numbers are located on the bottom of your check as follows: **⎓ 123456789 ⎓ 123456789123 ⎓**
Institution Routing Number Account Number

Select Draft Date: Due Date 4 Days after Due Date 9 Days after Due Date
Note: Bi-weekly loans will always be drafted on the due date regardless of which option is selected.

OPTIONAL: In addition to my/our regular payment, please deduct an additional \$ _____ each month and apply to principal.

I/We hereby authorize my/our lender to initiate a debit from my checking/savings account noted above for my/our recurring scheduled loan payment. If the required payment changes for any reason, this authorization will be automatically amended to authorize the debit of an amount equal to the new required payment plus any optional additional principal indicated below. You will be notified of the month in which the first transfer will occur via mail, and this notification will serve as a substitute of the photocopy of your authorization form.

The authorization to initiate a debit from your account will remain in full force and effect until my/our lender receives written notice from you of its termination at least 15 days prior to the next scheduled draft date, or in such a manner and time frame as to afford my/our lender and its correspondent bank a reasonable opportunity to act upon it. Termination requests must be mailed to the address at the bottom of this form.

Account Holder Signature: _____ Date: _____

Joint Account Holder Signature: _____ Date: _____

Mailing Address: Drafting Department, P.O. Box 221091, Eagan, MN 55121

For questions about your ACH enrollment, call the Customer Service Center toll-free at 1-877-629-6989.

updated 2/29/16

RBC Bank Internal Use Only Cenlar Loan Number: _____

RBC Bank Account Number: _____ RBC Bank Routing Number: 063216608

RBC Bank Employee Completing Form: _____ Employee Phone #: _____