



# E-Z Pay Application

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**  
QUESTIONS: (800) 322-1251 FAX: (937) 393-6444 ONLINE: [www.ncb.coop](http://www.ncb.coop)

**Important Applicant Information:** Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

**Please continue to send your monthly payment by check until you receive a confirmation of the starting date from NCB. Please mail this form and voided check to:**

ATTN: ACH Coordinator  
**NCB**  
139 South High Street  
Hillsboro, Ohio 45133

I (we) hereby authorize NCB to initiate debit entries from my (our) account indicated below and the depository named below to debit the same from such account.

- Deduct my required monthly loan payment
- Deduct my required monthly loan payment, plus an additional \$\_\_\_\_\_ principal payment every month.

From my:  Checking Account    OR     Savings Account

Institution Name	Account Number
Bank Phone Number	ABA or Routing Number

## Applicant Authorization

Your payment will be drafted on the due date.

If taxes, insurance, or other escrow items are paid through my loan, or if my loan has a buydown or graduated payment or adjustable rate, then I understand and agree that these items change in accordance with my loan documents, the required loan payment will change or adjust accordingly. NCB will send me a notice at least 10 business days before any such payment change.

I understand my loan payment will be considered current and I will not have to pay late charges as long as I have sufficient available funds in my account on any such payment date. I agree to pay NCB a reasonable fee for any payment that cannot be completed due to unavailable funds in my account. I understand that two insufficient funds returns shall constitute grounds for my being dropped from this program.

This authority is to remain in full force until NCB receives written notification from me (or either of us) of its termination in such time and in such manner as to afford all parties a reasonable opportunity to act on it.

Print Applicant's Name	Date	Applicant's Authorized Signature
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Print Applicant's Name	Date	Applicant's Authorized Signature
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Loan Number

Applicant's Phone Number	Applicant's Email Address
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Applicant's Street Address (Street, Apt/Suite, City, State, and Zip)

