

AUTOMATIC PAYMENT SERVICE
Lending

RETURN COMPLETED & SIGNED FORM BY MAIL or FAX to:
 FIDELITY BANK, CONSUMER LOAN SERVICING DEPARTMENT, PO BOX 3377, WICHITA, KANSAS 67201
 Fax: (316) 291-5628

Name: _____

Address: _____

Loan Number: _____

Complete the following section to establish your automatic payment service:

Depository Financial Institution: _____

Address: _____

Routing number: _____ Indicate if Checking or Savings. Account number: _____

Please enclose a voided check from your checking account to help us in obtaining the correct information.

Select the amount to be drafted each month:

Monthly payment amount of \$ _____ OR Monthly billed amount on statement

Start my automatic payment service on _____ / _____ / _____
 (month) (day) (year)

Complete the following section to make changes to your existing automatic payment service:

Change monthly payment amount to \$ _____ Change effective: _____

Change the date of the monthly automatic draft to: _____ Change effective: _____

Change Fidelity account number for automatic draft. Cancel current automatic draft from Fidelity # _____

and begin draft from Fidelity account # _____. Change effective: _____

Change the Depository Financial Information to: _____

Address: _____

Routing #: _____ Checking or Savings account # _____ Change effective: _____

Cancel my automatic payment service effective: _____

Lockout the automatic draft for the month(s) of: _____ and resume the automatic draft effective: _____

Conditions of the Automatic Draft Agreement: Fidelity Bank / Oklahoma Fidelity Bank, a division of Fidelity Bank, (referred to as the Bank) and the Depository Financial Institution of which the Person(s) who have signed this agreement (referred to as customer) has accounts. By signing this agreement, I authorize and direct the Bank, its successors and/or assigns, as agent, to initiate, terminate or make changes to my automatic transfers payable to the Bank. I authorize the Bank to initiate debit entries to my account as indicated above. Rights of Financial Institution shall be the same as if these transfers were checks personally executed by the customer. This authority is to remain in full force and effect until the bank receives written notification from the customer. Written notification must be received by the Bank no later than 7 days prior to the transfer being established, changed or terminated and in no event shall it be effective with respect to entries processed by the Bank prior to the receipt of this notice. I / we hereby acknowledge that if the above listed account has insufficient funds to make said payment by or on the payment due date, the loan may be declared to be in default for failure to make said payment when due and owing. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law.

Complete the following section with contact information & sign as indicated:

Home Phone: _____

Business Phone: _____

E-Mail: _____

Cell Phone: _____

 Customer Signature

 Date

 Customer Signature

 Date

Fidelity Bank Internal Use Only: Date received & processed _____