



Pennsylvania Housing Finance Agency
Loan Servicing Division
P.O. Box 15057
Harrisburg, PA 17105-5057

Toll free: 855-827-3466
TTY: 800-654-5984
Mon-Fri, 8 a.m.-7 p.m.
www.PHFA.org

AUTOMATIC PAYMENT AUTHORIZATION

Please fill out and mail to the address above or fax to (717) 780-3899.

Until further written notice, I/we hereby authorize PHFA to draft my Checking/Savings Account for my monthly loan payment. If the required payment changes for any reason, the Authorization shall be automatically amended to authorize transfer of an amount equal to the new required payment. I WILL CONTINUE TO MAKE PAYMENTS UNTIL I RECEIVE CONFIRMATION OF WHEN MY AUTOMATIC PAYMENT WILL BEGIN.

LOAN NUMBER: _____ Start my Automatic Payment beginning with my payment due * _____

Requested Draft Day of the Month _____ Optional: Deduct \$ _____ each month to be applied toward additional principal.

Bank Name _____ Bank City/State _____

Bank Phone # _____ Account Number _____

Checking Savings Bank Transit/ABA Number _____

Account Holder's Signature

Print Name

Date

Joint Account Holder's Signature

Print Name

Date

* This request form must be received by PHFA at least 15 days prior to the start date. Mail or fax this form with a voided check to the address or fax # at the top of this form.