



Agents Initials: \_\_\_\_\_

**AUTHORIZATION FOR PREAUTHORIZED ACH LOAN PAYMENTS**

SUBMIT THIS FORM WITH A BLANK VOIDED CHECK VIA ONE OF THE FOLLOWING METHODS:

**Mail:** Commerce Bank, Attn: KCILSS Branch Hotline, PO Box 413658, Kansas City, Mo. 64141-3658

**Email:** [RLPS.Servicing@commercebank.com](mailto:RLPS.Servicing@commercebank.com); **Fax:** 816-234-7414.

Loan # \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Begin Preauthorized ACH Payment**     **Change Preauthorized ACH Payment**     **Discontinue ACH**

As marked in the box above, I authorize Commerce Bank ("Commerce") to initiate, change, or end ACH debit entries in the amount shown from the checking or savings account with the depository named below ("Bank") on the payment due date.

**TO BEGIN OR CHANGE A PREAUTHORIZED ACH DEBIT FROM ANOTHER FINANCIAL INSTITUTION, COMPLETE THE INFORMATION BELOW AND ATTACH A BLANK, VOIDED CHECK. REQUEST MUST BE RECEIVED AT LEAST 10 DAYS PRIOR TO PAYMENT DATE.**

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_ [ ] CHECKING    [ ] SAVINGS

Routing# \_\_\_\_\_

Please select from one of the choices below:

**Automatic Payment for billed amount**

**Automatic Payment for billed amount plus additional principal amount of \$ \_\_\_\_\_**

Please note that the full amount of the monthly scheduled payment will not be withdrawn from the designated bank account in any month that other payments toward the loan have been made and/or a monthly payment amount has been otherwise satisfied in full.

**Final Payment**

**I understand that my final loan payment will not be made by ACH debit entry from Commerce. I will receive a maturity notice for the final payment.**

**Cancellation** The ACH authorization remains in effect until Commerce receives verbal or written notification of its termination from me or another authorized account owner, and Commerce has had a reasonable opportunity to act on the notification, not to be less than three (3) business days before the ACH payment is scheduled to be made. Verbal notification must be made to the **Customer Care Center at 1-800-449-9829** or in person at a Branch. Commerce reserves the right to terminate this agreement at any time.

Written notification and a blank voided check must be sent via one of the following methods. **Mail: Commerce Bank, Attn: KCILSS Branch Hotline, P. O. Box 413658, Kansas City, MO 64141-3658;**  
**Email:** [RLPS.Servicing@commercebank.com](mailto:RLPS.Servicing@commercebank.com); **Fax: 816-234-7414.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Borrower/Account Owner

For Bank Use Only - RLPS:  
Completed By \_\_\_\_\_ (Employee Number)    Date \_\_\_\_\_