



1600 MEDICAL DRIVE ♦ POTTSTOWN ♦ PA ♦ 19464
(610) 326-5490 ♦ (800) 593-1000

**Easy Payment Plan
ACH Origination Authorization Agreement**

Authorization for Easy Payment:

I authorize Diamond to initiate electronic debit entries from my Checking or Savings account at another Financial Institution.

for payment of my Diamond loan # (ex:123456 L9)_____.

Please debit: my regularly scheduled or repay loan payment amount
 the specified amount of \$_____

Beginning with my payment due on _____ and continuing until paid in full.

** (Authorization must be received at least 14 days in advance of the beginning date.)

I acknowledge that if an electronic debit entry is rejected, it will not be re-initiated and I will be responsible for that payment or funding. This authority will remain in effect until I have cancelled it in writing.

Member Name: _____ Diamond A/C #: _____

Member Signature: _____ Date: _____

Other Financial Institution Name: _____

Account#: _____ Routing / Transit #: _____
Choose: Checking or Savings

FINANCIAL INSTITUTION USE ONLY			
FSC Completed by: _____	Authorization #: _____	Frequency: _____	
EFT Completed by: _____	Date Loaded: _____		
Starting Date: _____	Ending Date: _____	Change Pmt Type: <input type="checkbox"/>	