AAA Financial Corporation
The Mortgage Savings Program™
Commercial / Business Bank Account Authorization Form

This form is being utilized to identify the authorized signer(s) on the bank account for the MSP™ bi-weekly/semi-monthly debits.

Enrollment #: _____

Client Name(s): _____

Bank Name:_____**City:**_____**State:**_____

Routing #:___ ___ ___ ___ ___ ___ ___ ___ ___ **Account#:** _____

Account Type (circle one):   Checking   Savings

Change of Bank Account Effective Date: ____/____/____

☐ **Bank Confirmation Letter is Enclosed**

This letter must be typed on bank letterhead and should include the following information;

• Business Name & Business Mailing Address

• FEIN (Federal Employer Identification #)

• SS# of authorized signer (if no, FEIN)

• Account Opened Date

• 9 digit ABA Routing #

• Bank Account Type (Savings or Checking)

• Bank Account #

• Name(s) of authorized signer(s)
If the authorized signer is neither the primary nor the secondary client listed on this enrollment, please contact our customer service department for further instructions regarding "Third Party Payor" authorization.

AND

☐ **Proof of Bank Account is Enclosed**

Please Submit One of the Acceptable Forms Below;

• Copy or Original Voided Check
(starter checks are not acceptable and name must be pre-printed)

• Copy or Original Deposit Slip
(name must be pre-printed)

• Copy or Original Bank Account Statement
(must include bank name, bank address, account holder name, account type and account #)

Transfer of Funds Authorization: I/we hereby authorize the transfer of funds from the above account, for the purpose of making payment on my/our behalf. I/we authorize the institution named above to accept the debit or credit entries and to debit or credit the accounts shown. I/we agree that the rights of the institutions named above in respect to each transfer of funds shall be the same as if the transfer were drawn on the institution and signed personally by me/us. This authority is to remain in effect until revoked by me/us in writing, and until such notice is given and received I/we agree that each institution named above shall be fully protected in honoring such transfers.

_____   _____
Primary Client Signature   Date

_____   _____
Secondary Client Signature   Date

Please submit this form and the required documentation by mail or fax to:
AAA Financial Corporation · 9600 West Sample Road, Suite 301 · Coral Springs, FL 33065
Phone (954) 344-2530 / (800) 881-2530 · Fax (954) 344-0257 / (800) 335-2530

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