

# AUTHORIZATION FORM

I/we hereby authorize Gilpin Financial Services, Inc. hereinafter called "Gilpin" to initiate debit entries to my (our)  Checking Account /  Savings Account (select one) indicated below, at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account on the 5<sup>th</sup> business day of every month. I/we acknowledge that the origination of ACH transactions (automatic debits) to my/our account must comply with the provisions of U.S. law.

Depository  
Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(ABA) Bank Routing  
Number \_\_\_\_\_ Account Number \_\_\_\_\_

I/we authorize Gilpin to charge my/our account on the 5<sup>th</sup> business day of each month, for the current amount of my (our) mortgage payment. Gilpin will notify you when the automatic payment will begin. **UNTIL THAT TIME, PLEASE CONTINUE TO MAKE YOUR MORTGAGE PAYMENTS AS USUAL.**

This authorization is to remain in full force and effect until Gilpin has received written notification from me (or either of us), at the business office 1400 N. DuPont Street, Wilmington, DE 19806, of my/our change or termination in such time and in such manner as to afford Gilpin and DEPOSITORY a reasonable opportunity to act on it.

**This authorization must include a voided check if credit amount is going to a checking account.**

Loan Number \_\_\_\_\_

Name \_\_\_\_\_ email address: \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_  
*(If the bank account is in the name of more than one person, both must sign)*

Phone # \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT YOU, THE CUSTOMER, MAY REVOKE THIS AUTHORIZATION ONLY BY NOTIFYING GILPIN IN THE MANNER SPECIFIED IN THIS AUTHORIZATION.**

**RETURN WITH VOIDED CHECK TO:  
1400 N. DUPONT STREET, WILMINGTON, DE 19806  
ATTN: AUTO PAYMENT**