



## ACH Direct Payment Authorization Form

I (we) authorize TCF National Bank ("TCF") to automatically debit my (our) checking account or savings account monthly for the minimum amount due on my (our) loan plus any additional amount as indicated below. I (we) understand that the minimum amount due may not be the total amount due on my (our) loan. TCF will debit my (our) checking or savings account on the date my (our) monthly payment is due.

**Mail one copy of this completed authorization form and a voided check from your checking account or a deposit slip from your savings account to:**

TCF NATIONAL BANK  
Mail Code PCC-2E-P  
1405 Xenium Lane N  
Plymouth MN 55441

### Depository Institution

Bank Name: \_\_\_\_\_  
Bank Account #: \_\_\_\_\_  
Bank Routing #: \_\_\_\_\_

Check here if this is:  
 Checking Account  
 Savings Account

### Additional Payment

TCF is authorized to draft an ADDITIONAL \$ \_\_\_\_\_ each month (in addition to the minimum amount due). The amount will be constant each month until I request a change and will be applied in the order indicated above.

### Non-Sufficient Funds

If your payment account does not have sufficient funds to pay the minimum amount due as of the date the transfer of payment is attempted or scheduled to be made, the transfer or payment may be canceled. We will attempt to notify you by electronic mail or by U.S. mail, but we will have no obligation or liability if we do not complete a transfer of payment because there are insufficient funds in your payment account to process the transaction. In all such cases, you are responsible for making alternate arrangements for the payment. If any draft is returned to us as non-sufficient funds, you agree to pay a returned charge which shall be equal to the NSF charge then in effect at TCF. TCF may terminate the automatic debits due to non-sufficient funds.

### Cancellation

If you wish to cancel the payments you have authorized pursuant to this agreement, you must notify us orally or in writing at least three (3) business days before the monthly payment due date at the following address:

TCF NATIONAL BANK  
Mail Code PCC-2E-P  
1405 Xenium Lane N  
Plymouth MN 55441

CUSTOMER SERVICE TELEPHONE: 1-800-823-5363  
TTY # for the Hearing Impaired: 1-763-559-0294

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**TCF Loan Number:** \_\_\_\_\_

**Please CONTINUE MAKING PAYMENTS until we notify you by mail when automatic payments begin.** This may take up to 45 days. Your account must be current and any late charges must be paid before automatic payments will be authorized to begin. **Retain a copy of this authorization for your records.**