



## Regions ACLS Consumer, Business and Revolving Automatic Debit Authorization

**Regions Customers:** Please fax to: (205) 261-7048 or mail to: P.O. Box 1984, Birmingham, AL. 35201. Forms can also be returned by visiting any branch location.

**Bank Office Support Areas:** Scan and attach this form to the account maintenance request forms on the Loan Operations Toolkit.

Beginning with the payment due in the month of \_\_\_\_\_, I, the undersigned, hereby authorize Regions Bank to debit my deposit account identified below on each payment due date in the amount of the loan payment due for the loan identified below plus any "Additional amount to apply to principal" indicated below.

If the scheduled transfer day is not a day Regions Bank is open for business, the transfer will be made on the next business day that Regions Bank is open. I understand that the amount debited will include any changes in my periodic loan payment and that I will receive notice of the amount and date of such changes at least ten (10) days before they occur. Such changes may include, without limitation, changes in my principal and interest payment as provided in my loan documents, and/or changes required by law (such as under the Servicemembers Civil Relief Act).

**I understand that the loan must be current before the automatic debits can be established.** If the loan becomes delinquent, I understand that the automatic debit may be paused until after the loan is current. If the automatic debit is not honored on three (3) consecutive occasions, the automatic debit will be cancelled. I will be notified if the automatic debit is canceled.

**I understand that I am responsible for making the payments on the loan by other means if the loan payment is not debited by the day specified, no matter why the automatic debit does not occur.** I will be responsible for any late charges or penalties as a result of the loan payment(s) not being made on time.

This authorization shall remain in effect until revoked by me or by Regions Bank. This form should be received in Loan Operations Customer Service at least 21 days before the due date of the loan in order for it to be processed.

Set up new automatic debit

Change existing DDA/Routing Number

**Important Note: This is not a Due Date Change Request Form**

Loan Number:

Customer Name:

Customer Address:

City, State ZIP:

Name(s) on Bank Account:

Bank Name:

Account Number: Checking<sup>1</sup>:

Savings:

Routing Number:

**Optional: Additional amount to apply to principal**

May be completed ONLY if you wish to apply any additional funds to principal along with your regular payment  
**Shall not to be used with lines of credit with percentage of principal balance payments**

\_\_\_\_\_  
Customer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Name (please print)

\_\_\_\_\_  
Associate's Phone Number

**Please allow up to 72 business hours for processing after the form has been received.**

<sup>1</sup>Please enclose a VOIDED check. This will help us process your automatic payment accurately.