



CONNECTICUT HOUSING INVESTMENT FUND, INC.  
**AUTOMATIC PAYMENT DRAFTING**

**CHIF**

SAVE TIME, MONEY FOR POSTAGE, ENVELOPES, CHECK FEES, AND THE WORRY THAT YOUR PAYMENT WILL BE DELAYED OR LOST IN THE MAIL.

For your convenience, CHIF offers Automatic Payment Drafting. Automatic drafting is an easy, hassle-free way to handle your monthly loan payments. To take advantage of this **NO COST** service, simply complete the bottom section of this form.

**IMPORTANT:**

**PLEASE CONTINUE MAKING PAYMENTS UNTIL YOU ARE NOTIFIED IN WRITING OF THE DATE THAT THE AUTOMATIC DRAFT WILL BEGIN. A REQUEST FOR AUTOMATIC DRAFTING TAKES UP TO 45 DAYS TO PROCESS.** If you have questions, call us at 1-800-992-3665, ext. 2016.

**AUTOMATIC PAYMENT AGREEMENT**

NAME(S) \_\_\_\_\_

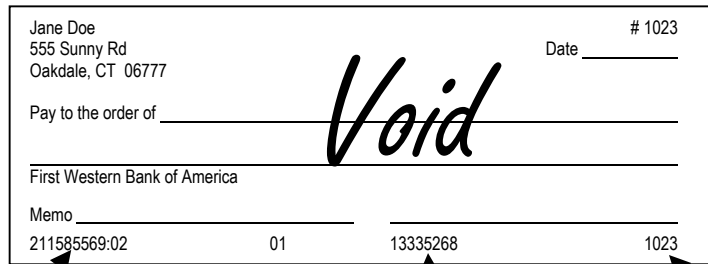
Deduct my payment on the:    **1<sup>st</sup>**    **5<sup>th</sup>**    **10<sup>th</sup>**    day (CIRCLE ONE) of the month.

Loan # \_\_\_\_\_ Daytime Phone No. (\_\_\_\_\_) \_\_\_\_\_

Bank Name \_\_\_\_\_ Bank Phone No. (\_\_\_\_\_) \_\_\_\_\_

Bank Acct # \_\_\_\_\_ Type: \_\_\_\_\_ Checking (CHIF will only draft from a checking account)

Bank 9-Digit Routing # \_\_\_\_\_ **Optional:** Please deduct an additional \$ \_\_\_\_\_ to apply  
 (Indicated on the bottom of your check) to the principal each month.



Bank 9-Digit Routing

Account Number

Check Number

Mail this form along with one of your checks marked "VOID" to:

**CONNECTICUT HOUSING INVESTMENT FUND, INC.**  
**P.O. BOX 59**  
**HARTFORD, CT 06141-0059**

**BORROWER AUTHORIZATION:**

This will authorize the financial institution indicated on the attached blank and voided check to honor monthly withdrawals from the designated account by the Connecticut Housing Investment Fund, Inc. (CHIF). The authorization to initiate these monthly withdrawals from the named checking account is hereby given to CHIF for the purpose of making monthly loan payments due on the account number indicated above. This authorization is to remain in effect until CHIF has received written notice of cancellation from the undersigned. The notice of cancellation will be given at least thirty days prior to its effective date and will automatically require that subsequent payments be made according to the terms of the Note.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_