

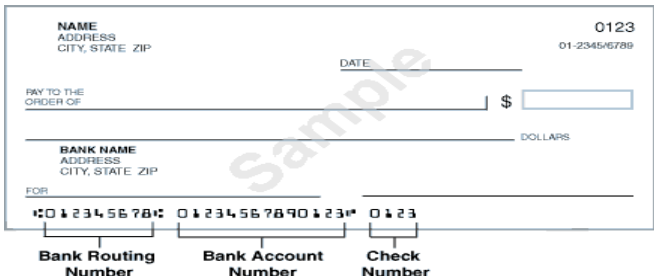
1 BORROWER INFORMATION

Last Name:		First Name:	Middle Initial:
Mailing Address:		City/State/Zip:	
Home Phone Number:	Day/Cell Phone Number:	Email Address:	

2 LOAN INFORMATION

Program Name:	Payment Due Date:	Scheduled Payment Amount:	FAME Loan Account No:
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3 BANK ACCOUNT INFORMATION

Account Type (check one):	Name of Financial Institution:
<input type="checkbox"/> Checking	
<input type="checkbox"/> Savings	
Bank Routing Number:	 <p>A sample cancelled check form with fields for NAME, ADDRESS, CITY, STATE, ZIP, DATE, PAY TO THE ORDER OF, BANK NAME, ADDRESS, CITY, STATE, ZIP, and FOR. It also shows MICR lines for Bank Routing Number, Bank Account Number, and Check Number.</p>
Account Number:	
Direct Debit Amount Authorized:	

4 AUTHORIZATION AND SIGNATURE

I hereby authorize the Finance Authority of Maine (FAME) to initiate debit entries in the amount indicated above as "direct debit amount" from my checking/savings account referenced above and indicated on the attached **cancelled check/savings withdrawal form**, for payment of my loan payment in the amount referenced above. The debit entries are to take place monthly on the day my loan payment is due. This authorization is to remain in full force and effect until FAME has received written notification from me of its termination in such time and in such manner as to afford FAME a reasonable opportunity to act on it or until the loan is paid in full. I agree that FAME will not be liable for any loss, liability, cost or expense to me for acting upon these instructions. **I understand that it is my responsibility to make regular payments until FAME notifies me in writing that the automatic direct debit payment is in place, which may take up to two months.**

Signature of Borrower/Account Owner

Date

Return completed form and cancelled check or savings withdrawal form to:

**Finance Authority of Maine
P.O. Box 949
Augusta, ME 04332-0949**