



OAK HELM PARTNERS

ALLOWED ONE FREE PAYMENT CHANGE AFTER THAT \$30.00 CHARGE

AUTOMATIC PAYMENT OPTION - ACH

****Please Provide Deposit Slip or Voided Check****

Checking Account

Savings Account

with _____ (Financial Institution)

located in _____ (City) _____ (State)

on the _____ Day of the month the amount of \$ _____ for my contract
payment.

My Bank's Routing Number is

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My Account Number is

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Property Address _____

Authorized by _____ Date _____

Office Use Only

Date

Amount

Effective

Initial