



Recurring Automatic Payment Form

Please note: This form is for new automatic payment requests only and cannot be used to make changes to existing transfers. Form must be received and completed **10 calendar days** prior to first payment.

Citadel Account Information

Account Holder's Name: _____

Daytime Phone #: _____

Citadel Account #: _____

Loan # / Suffix: _____

Payment Information

Financial Institution: _____

Routing #: _____ Account #: _____

Account Type: Checking Savings

Account Owner's Name: _____

Payment Details

Payment Amount: _____

Payment Frequency: Monthly Bi-weekly Weekly Semi-monthly

Payment Date: _____

Agree and Sign

I hereby authorize Citadel to initiate debit entries to my account indicated above and to credit same to the account at the depository Financial Institution named above. This authority is to remain in full force and effect until Citadel and the above named Depository have received written notification from me of its termination in such manner as to afford Citadel and Depository a reasonable opportunity to act on it. Written authorization is required to stop a Debit Origination (DBO). Stop authorizations must be received at least 5 business days before the next scheduled date of a debit in order to be effective for that date. Distributions to loans which are paid in full which are not stopped will be credited to my share account. Under special circumstances, Citadel reserves the right to stop a DBO, if Citadel deems it necessary. Citadel requires written authorization to change the account number, date of debit, or to start a new debit. The authorization must be received at least 10 days prior to the scheduled start date. I agree to pay any fee imposed by Citadel for returned items. I also understand that excessive returns may result in the termination of this DBO and revocation of any privileges or discounts associated with it. I have read and fully understand the policies outlined and agree to these terms. I agree to hold Citadel harmless for any action that may arise because of this draft.

Member Signature: _____ Date: _____

You must sign this form and return it to **Attention: Payment Solutions, 520 Eagleview Blvd., Exton, PA 19341** by mail, fax to **610.466.6419**, or drop off at any Citadel office.

520 Eagleview Boulevard, Exton, PA 19341 | 800.666.0191 | CitadelBanking.com