Biweekly Savings Plan Agreement (BSPA)

CLIENT INFORMATION

Borrower (first, last name):	Soc. Sec. -- last 4 #s:
Co-Borrower (first, last name):	Day Phone:
Mailing Address:	E-mail:
City: State: Zip:	Eve. Phone:

CLIENT'S DEBIT BANK

Your Bank's Name:	Routing-9digit #:
Name(s) on Account:	Account #:

Check One: ☐ Checking (please fill above and verify in the fields on VIRTUAL CHECK page of application)
☐ Savings (routing numbers do not start with #5, please fill above and verify on Virtual Check page)

LOAN INFORMATION

R.E. Property Street: City: State: Zip:

Describe Vehicle, RV , Boat Loan:

Student Loan or Other Loan: **Loan Acct. #** (required for all loans)**:**

Lender's Name:	Phone:

Lender's Payment Address:

Day of Month Payment is Due: Day Payment is Late: Payment activity note:

NOTE: Divide Total Monthly Payment by 2 for Biweekly & Semimonthly.
Round up to next penny. Do not divide for Monthly schedule, instead type or print the word "monthly" on line 1,Divide Total Monthly Payment by 4 for Weekly (enter on line 1)

Total Monthly Payment:	$
1) One-half of the Total Monthly Payment: (exception -- monthly or weekly schedule)	$
2) Additional Principal Reduction Payment: (optional -- may be any amount or added later)	$
3) Electronic Debit Fee per debit:	$
4) **Total Debit Amount (1 + 2 + 3):**	$

Notes:

Debit dates subject to confirmation. Please note that debit dates must allow for setup time and timely payment to the lender by **Biweekly Servicing Co.** and/or assigns.

Client will be notified with Welcome Package to confirm Scheduled Debits. Please watch your mail and e-mail and add e-mail address to this form. Thank you!

Debit Schedule (check one): ☐ **A (Biweekly)** ☐ **B (Biweekly)** ☐ **Semimonthly** ☐ **Weekly** ☐ **Monthly**

*1st Debit Date: _____ Amount $ _____ Double Debit on FIRST Debit only . . ☐
(Double Debit is twice the Total Debit Amount on line 4)

*2nd Debit Date: _____ Amount $ _____ Delayed Debit on 2nd Debit Date . . . ☐

Custom Biweekly -- Monday Debit dates . . . ☐

* Debit dates left blank will be set by **Biweekly Servicing Co.** and/or assigns and verified by Client's Welcome Package

First monthly payment made for: _____/_____/_____ by Biweekly Servicing Co. and/or assigns
Month Day Year

Note: Client is responsible for making monthly payments due before the above date.

CLIENT INITIALS HERE [[