SWIFT AUTHORIZATION FORM

AUTHORIZATION AGREEMENT

To ensure proper bank coding of your transfer, **ATTACH A CHECK** marked **"VOID"** or provide us with your complete savings, checking, or credit union account number and routing / transit number.

Payments are drafted from your account on the **5th** day of the month.

NOTE: Participation in SWIFT is contingent upon your signed consent to the provision below.

I authorize Charter Bank and the named financial institution to make deductions from my account for payment of my mortgage.

Name of your Bank, Savings and Loan, or Credit Union

Checking or Savings Account Number ❑ Checking ❑ Savings

Your Name (as shown on financial institution records)

Address ( ) Daytime Telephone Number

City State Zip

Name on Charter Bank Loan

Charter Bank Loan Number (as shown on payment coupon)

If applicable, indicate the amount of additional principal to be applied each month

Signature (as shown on financial institution records) / / Date

Mail to:
Charter Bank
PO Box 11519
Albuquerque, NM 87192-0519