

Autopay Authorization Form

Name		Date	
Loan Number			
Banking Institution			
Account Number			
Account Routing Number			
Regular Payment \$			
Additional Escrow \$			
Additional Principal \$			

I, _____, hereby authorize and direct Martinsville First Savings Bank to withdrawal the above sum from my bank account as specified above and apply this amount to my mortgage account on the day listed below each month.

PAYMENT DUE DATE 1ST OF THE MONTH PER NOTE Auto payment draw date (select only one date):

I have read and understand the terms set forth by Martinsville First Savings Bank in regards to my autopay account. I understand that if my pull date falls on a holiday or a non-business day, the funds will be pulled the following business day.

I understand that if sufficient funds are not in the checking/savings account on the date of draw, and my checking/savings account is NOT with Martinsville First Savings Bank, no further attempts will be made until the next authorized draw. There may be a reject fee or insufficient funds fee charged to the loan and my payment will need to be submitted to Martinsville First Savings Bank either by mailing a check, online bill pay or by making said payment at a branch.

I understand that if sufficient funds are not in the checking/savings account on the date of draw, and my checking/savings account is with Martinsville First Savings Bank, 3 additional attempts will be made to pull the funds. If funds are not in the account prior to the 4th attempt, no further attempts will be made and I must submit my payment to Martinsville First Savings Bank either by mailing a check, online bill pay or by making said payment at a branch.

I understand this agreement may be revoked at any time by written notice by either Martinsville First Savings Bank or myself. There may be a fee to terminate this authorization.

Signature _____ Date _____

Signature _____ Date _____

ATTACH A VOIDED CHECK FOR VERIFICATION. NO DEPOSIT SLIPS PLEASE.

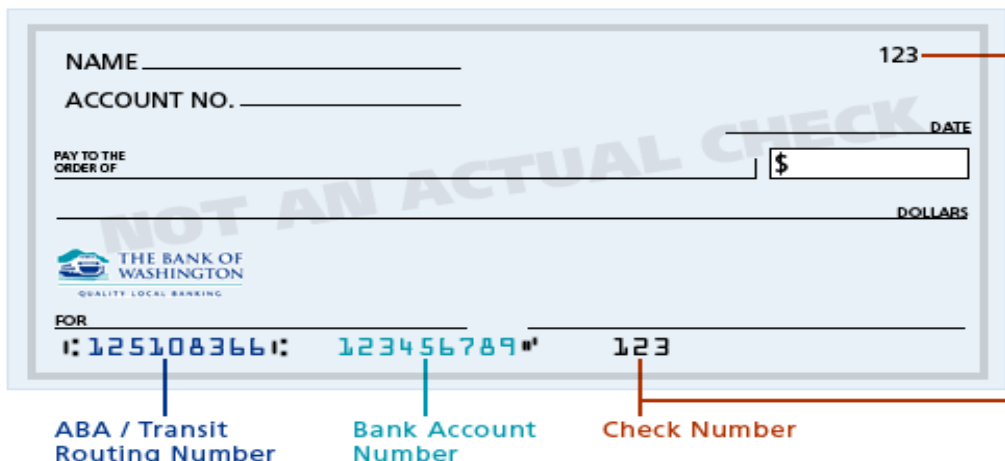


Diagram illustrating the components of a check for verification:

- NAME** _____
- ACCOUNT NO.** _____
- PAY TO THE ORDER OF** _____
- DATE** _____
- \$** _____ **DOLLARS**
- FOR** _____
- ABA / Transit Routing Number:** 1251083661
- Bank Account Number:** 123456789
- Check Number:** 123