



1315 Kalaniana'ole Avenue,  
Hilo, HI 96720  
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### ACH AUTHORIZATION AGREEMENT – CHANGE OF ACCOUNT

Account Holders Name: \_\_\_\_\_

Account Holders Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Type:  Checking  Savings

ABA Routing: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

**I agree to the terms state above and I have received a copy of this agreement:**

Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Borrower Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

<i>HCL Office Use Only</i>
Counselor/Loan Officer Name:
Date Received by Underwriting: