BOISE EASYPAYPAY YOUR HOUSING LOAN AUTOMATICALLY

SECURE CONVENIENT GUARANTEED

When you sign up for BOISE EASYPAY, your Boise City Housing loan is paid directly from your bank account. No more writing checks or remembering due dates. With BOISE EASYPAY your bill is paid on time. Guaranteed!

Customer Name: _____

Loan Account #: _____

Property Address: _____

City, State, ZIP: _____

Daytime Phone: _____

Email Address: _____

Select One: [ ] Checking [ ] Savings

Bank Name: _____

Bank City/State: _____

Name(s) on Account: _____

SIGN UP:

[ ] Fill out application

[ ] Attached a voided check

[ ] Mail to: Boise City HCD
PO Box 500
Boise, ID 83701-0500

I/We hereby authorize Boise City to initiate deduction to my/our account and the financial institution indicated to credit the same to such account. This authorization shall remain in full force and effect until Boise City has received written notification of termination. I/We understand and accept that terminating this authorization may take up to 30 days. I/We further understand that I/we will be responsible for paying all balances due by cash, check, or money order effective the first due date following the notice of termination.

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____

CANCELLATION

You may cancel your enrollment in BOISE EASYPAY at any time. Mail, fax, or email your written request for cancellation to:

Boise City HCD
PO Box 500
Boise, ID 83701-0500

loanservicing@cityofboise.org

Telephone: (208) 570-6846

Please select a date on which payment will be deducted from your bank account. If the date falls on a weekend or holiday, the payment will process on the following business day.

Select One:

[ ] 5th of the month _____ initials

[ ] 15th of the month _____ initials

[ ] 25th of the month _____ initials

Each month Boise City will deduct the amount of your regular loan payment from your bank account and apply the payment to your loan. If you would like to make larger payments, please specify the amount you wish to pay below:

Payment Amount $ _____

Month to begin EASYPAY _____

_____ initials I acknowledge the above authorizations shall remain in full force and effect until Boise City has received written notice of termination or my loan has been paid in full.

Return signed form and voided check to: **Boise City HCD**
PO Box 500
Boise, ID 83701-0500