



**\*Please mail form to:**  
 Park State Bank  
 Attn: Loan Servicing  
 500 Platt Ave E  
 Nashauk. MN 55769

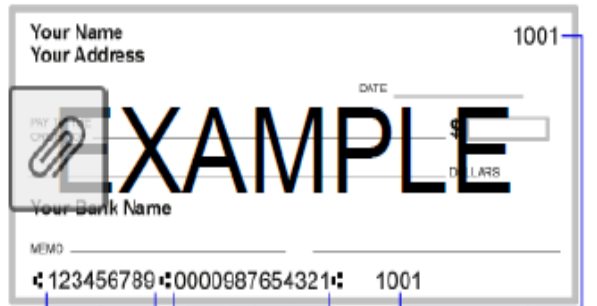
## Loan Payment Agreement

**Bank employee completes sections A & B.**

| A. Borrower Information   |  |   |   |
|---|--|---|---|
| Borrower Name:  | <input type="text"/>                                     | Loan Number:                                | <input type="text"/>  |
| B. Payment Information  |  |   |   |
| <input type="checkbox"/> Regular Monthly Payment  | <input type="checkbox"/> Monthly Principal Payment Only: | <input type="text"/>                        | <input type="checkbox"/> Different Amount: <input type="text"/> |
| Start Date: <input type="text"/>  | End Date: <input type="text"/>                           | Or <input type="checkbox"/> End at Maturity |   |
| Payment Frequency: <input type="checkbox"/> *Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> One Time |  |   |   |
| <i>*Bi-weekly payments must be an even split.</i>   |  |   |   |

**Customer completes sections C & D.**

| C. External Bank Account Details   |  |
|--|--|
| Financial Institution Name: <input type="text"/>                                       | Routing Number: <input type="text"/>   |
| Account Number: <input type="text"/>   | Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Account Ownership: <input type="checkbox"/> Personal <input type="checkbox"/> Business |  |



9 Digit Routing Number    Your Account Number    Check Number

For verification, a copy of a voided check may be attached by clicking on the paperclip at the bottom of the document. (DocuSign users only)

I hereby authorize Park State Bank to initiate debit entries and, if necessary, adjustment entries from my account identified at the Financial Institution named above and to credit the same to my loan account at Park State Bank. For loan payments that include escrow, the Escrow Analysis takes place annually. A notice will be sent out informing you of changes in your payment amount. If you wish to change your principal only payment at this time, please contact us. Principal only payments require a separate form signed. Additionally they are approved for automatic withdrawal once per month. For additional principal payment options, please contact us.

This agreement shall cancel when the schedule of payments is ended, or either party has the right to cancel with a 30 day written notice of the request.

If your pay from account does not have a sufficient balance on a day that a payment is debited, we may stop further efforts to debit your account and ask you for the payment and subsequent payments until all payments under the loan are current.

Park State Bank is hereby authorized to initiate ACH debits from the designated account listed above for payment on the loan account listed above. You waive any claim or defense that your facsimile signature is not authorized, authentic, or enforceable in any enforcement proceeding to enforce this ACH Loan Payment Origination Agreement.

**\*\* If you have any questions, please contact Loan Servicing at 218-885-8748 or [loanservicing@parkstatebank.com](mailto:loanservicing@parkstatebank.com).**

### Terms and Conditions

| D. Authorization - I (we) agree to be bound by the provisions of the Nacha Operating Rules |                            |
|--|----------------------------|
| Customer Signature: <input type="text"/>   | Date: <input type="text"/> |

***\*If this Agreement is completed via DocuSign, please do not mail a copy to the address listed above.***