

ACH Interest Payment Authorization

Fax Number 1-858-350-0443

Complete and send the form to: Axos Bank
 P.O. Box 911039
 San Diego, CA 92191-1039

• Fax the form to: (858) 350-0443

• Contact Customer Service with any questions at: (888) 502-2967

Customer Name:	Certificate of Deposit Account Number:
Name of financial institution that interest will be credited to):
Address of financial institution:	
City:	Zip Code
ABA Bank Routing Number:	Account Number:
Checking	Savings
specified debits are for payment of accrued interest to my cauthorization will remain in effect until Axos Bank receives notification to terminate must afford Axos Bank no less than upon my direction. I further acknowledge that the origination comply with the provisions set forth in U.S. law. I also under including my other financial institution, but must revoke this Notice of Receipt of Entry: Under the operating rules of the National Automated Cle involving your account, we are not required to give next day we will continue to notify you of the receipt of payments in the Choice of Law: We may accept on your behalf payments to your account we Houses ("ACH") and which are not subject to the Electronic	aring House Association, which are applicable to ACH transactions notice to you of receipt of an ACH item and we will not do so. However, the periodic statement we provide to you. Which have been transmitted through one or more Automated Clearing Fund Transfer Act and your rights and obligations with respect to such ned by the laws of the state of California, unless it has otherwise
Customer signature	

