

AUTHORITY TO DEBIT ACCOUNT

HFPQ 002

Date:

Account Name:

Account Number:

Telephone Number: Email Address:

Address:

Address of Property to be Mortgaged:

I/We refer to my/our request for a mortgage loan of _____ (amount in words)
_____ N _____ (amount in figures) to purchase the property mentioned above. I/We attest that I/We am/are fully aware of the basis of the under listed charges and fully understand that the fees are non-refundable. I/We hereby authorize ASO Savings & Loans Plc to debit my/our account number with the full cost of the charges listed hereunder;

Valuation Report N.....

Legal Search Report N.....

Credit Bureau Search N.....

Other Instructions: _____

Authorized Signature

Authorized Signature

(SEAL REQUIRED FOR CORPORATE ENTITIES)

FOR OFFICE USE ONLY

Processors: (Name, Signature & Date)

From: _____ Forwarded To: _____

Account Debited: Yes No

Staff: _____ Unit Head: _____



AUTHORITY TO DEBIT ACCOUNT FOR INSURANCE PREMIUM

HFPQ 003

Date:

Account Name:

Account Number:

Telephone Number: Email Address:

Address:

Address of Property to be Mortgaged:

I/We refer to my/our request for a mortgage loan of _____ (amount in words)
 _____ N _____ (amount in figures) to purchase the property mentioned above. I/We hereby authorize ASO Savings & Loans Plc to obtain a composite insurance policy from ASO Savings & Loans Plc approved insurance companies (which list is attached) to cover:

Monthly Bi-Annually
 Quarterly Annually

Other Instructions: _____

Authorized Signature

Authorized Signature

(SEAL REQUIRED FOR CORPORATE ENTITIES)

FOR OFFICE USE ONLY

Processors: (Name, Signature & Date)

From: _____ Forwarded To: _____

Account Debited: Yes No

Staff: _____ Unit Head: _____

