



Automatic Payment Authorization Form

You must attach a voided check or a savings deposit slip

Yes, I would like to enroll in the free* monthly Automatic Payment Program

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|------------------------------------|------------------------|--|
| Name: | Street Address: | City, State, Zip Code: |
| Mortgage Loan Number: | | |
| Daytime Phone Number: | | Evening Phone Number: |
| Financial Institution Name: | | Financial Institution Phone Number: |
| Account Routing Number: | Account Number: | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |

*Please note that your financial institution may assess a fee for this transaction.

Please specify the payment date most convenient for you, which must be within the applicable grace period. **If a payment date is not specified, or your loan is a daily simple interest loan, payments will be deducted on your current loan due date.**

Deduct my payment on the _____ of each month.

I would like additional funds deducted and applied toward reducing my outstanding principal balance. Please deduct an additional \$_____ per month.

I hereby authorize _____, including its successors and/or assigns, to initiate transfers from my checking or savings account at the financial institution indicated above for the purpose of making my monthly mortgage payment. I authorize the amount of each transfer to include my regularly scheduled payment including principal, interest and escrow items, reimbursement of corporate advances, optional insurance as applicable and the costs of any services I request.

I understand that, in accordance with the terms of my mortgage note and/or adjustments in my escrow for taxes and insurance, my payment may change from time to time as set forth in my loan documents. You are hereby authorized to change the amount of the draft from my checking or savings account, provided that you notify me of the new payment amount at least 10 days prior to the draft date. I agree that the payment change notice provided to me under the Adjustable Rate Mortgage Provisions of the Truth-in-Lending Act and/or escrow analysis form shall constitute notice of payment change as required by the Electronic Funds Transfer Act and Federal Reserve Board Regulation E.

I HEREBY AGREE TO THE TERMS AND CONDITIONS IN THIS FORM.

Borrower's Signature: _____ Date: _____

Co-Borrower's Signature: _____ Date: _____