

Automated Payments (ACH) Customer Authorization

Save time & money by signing up for our new **Automatic Payment Plan**. For your convenience, and with the help of your bank, we can now automatically deduct your monthly payment from your checking account. No more checks to write! No more stamps to lick. Simply complete the information below and attach a voided check. Return this information to:

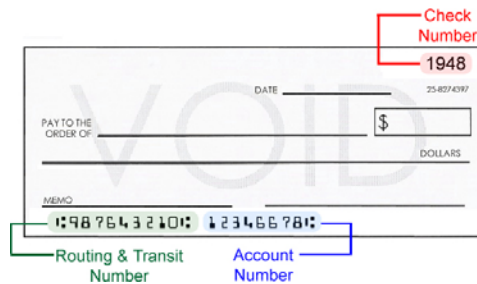
Note Servicing Center
3275 E. Robertson Blvd., Suite B
Chowchilla, CA 93610

Name			
Address	City	State	Zip Code
Phone Number	E-Mail Address		

Banking Information

Name of Primary Bank	Name of Account
Bank Representative	Bank Phone Number
Bank Routing Number (see example below)	Bank Account Number (see example below)

**PLEASE ATTACH A VOIDED
CHECK TO THIS FORM**



I hereby authorize a monthly ACH electronic debit from the account designated above to be paid to Note Servicing Center, in payment for services rendered to me, not to exceed the amount agreed to by me below. I understand that a **\$3.00** transaction fee will be added for this convenient service.

I further understand that should my bank dishonor my automated payment for insufficient or uncollected funds, the original amount, plus an additional transaction in the amount of the state allowed NSF fee may be electronically debited from my account.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Signature

Date

Agreed Upon Amount and Terms

My account will be debited on the 1st 5th 10th 15th 20th 25th day of each month starting _____

Monthly Payment Amount \$ _____ Total amount to be drafted from my account \$ _____