

# U.S. LOAN SERVICING

9670 W. Tropicana, Suite 100, Las Vegas, NV 89147

(702) 362-1234



## AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT

YOUR PAYMENT WILL BE DEDUCTED ON YOUR DUE DATE

ACCOUNT #: \_\_\_\_\_  
BORROWER: \_\_\_\_\_  
EMAIL (REQUIRED\*): \_\_\_\_\_  
\*This is only to notify you of your receipt of payment, not for marketing purposes.  
PHONE #: \_\_\_\_\_  
TAX ID OR SSN: \_\_\_\_\_

UNTIL FURTHER WRITTEN NOTICE, I AUTHORIZE US LOAN SERVICING TO ELECTRONICALLY DEBIT ( DEDUCT MONEY FROM ) MY CHECKING/SAVINGS ACCOUNT AS DESIGNATED BELOW FOR MY MONTHLY MORTGAGE PAYMENT. I UNDERSTAND THAT MY ACCOUNT MUST BE CURRENT IN ORDER TO BEGIN DRAFTING.

I UNDERSTAND THAT IF THERE IS AN INADEQUATE AMOUNT OF MONEY IN MY ACCOUNT AT THE TIME OF THE DRAFT, I WILL BE CHARGED FOR AN NSF CHECK AND WILL HAVE TO REPLACE THESE FUNDS WITH A CASHIERS CHECK AND I WILL BE SUSPENDED FROM THIS PROGRAM FOR ONE YEAR.

IN THE EVENT OUR SCHEDULED AUTOMATIC PAYMENT OR DUE DATE FALLS ON A WEEKEND OR HOLIDAY, MY CHECKING/ SAVINGS ACCOUNT WILL BE CHARGED ON THE NEXT BUSINESS DAY.

BEGIN WITHDRAWING ON \_\_\_ / \_\_\_ / \_\_\_\_.

YOUR BANK NAME \_\_\_\_\_

NAMES LISTED ON BANK ACCOUNT \_\_\_\_\_

YOUR BANK ACCOUNT # \_\_\_\_\_

ACCOUNT TYPE: \_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS

BANK TRANSIT/ ABA NUMBER \_\_\_\_\_

ADDITIONAL MONTHLY PRINCIPAL CURTAILMENT \$ \_\_\_\_\_ (OPTIONAL)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**BE SURE TO ATTACH THE FOLLOWING ITEM:  
BLANK VOIDED CHECK**