AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Here's how to apply:

1) Complete the application form below and mail to
REGIONS MORTGAGE
CUSTOMER SERVICE DRAFT SPECIALIST
PO BOX 18001
HATTIESBURG, MS 39404-8001

Return the application and ENCLOSE A VOIDED CHECK from the account you use to make your mortgage payments, OR, you may fax the completed form and copy of the voided check to: ATTN DRAFT SPECIALIST AT (601) 554-2385.

2) Your monthly payments will need to be mailed, along with your payment coupon until your automatic payment deduction begins.
YOU WILL BE NOTIFIED IN WRITING OF THAT DATE

LOAN NUMBER _____
NAMES ON ACCOUNT_____
PHONE NUMBERS: HOME _____ WORK _____
Name of Your Bank _____
Bank address _____
City _____ state _____ zip _____
Banks telephone number _____
ABA or Routing number _____
Your account number: checking _____ Savings _____
Attach a voided check attach a copy of statement

Deduct my payment no sooner than _____ days after the due date. (**Must be 1 - 9).**

Optional Deduction: $ _____ Extra principal each month.

Automatic mortgage payment plan agreement: (Please include a voided check). This is authorization for you to debit my checking or savings account for my monthly mortgage payment. I understand that the amount debited monthly will include any changes in the monthly payment resulting from a change in the escrow (taxes/insurance) and/or the principal and interest payment for an adjustable rate mortgage, graduated payment mortgage or a buy-down loan.
I understand that I will need to mail my monthly payment until notified in writing, when my automatic payment begins.

I understand that payments due on a weekend or holiday will be debited on the next business day. If my loan becomes delinquent, I understand that the automatic payment will NOT occur. Automatic payments will resume when the account is paid current. I will be responsible for any late charges or penalties.

SIGNATURE _____ DATE _____
SIGNATURE _____ DATE _____