AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

1) Complete the application form below and mail to
Regions Mortgage
Customer Service, Draft Specialist
P.O. Box 18001
Hattiesburg, MS 39404-8001

Return the application and enclose proper documentation from the account you use to make your mortgage payments, OR, you may fax the completed form and copy of your documentation to: ATTN: Draft Specialist at (601) 554-2385.

2) Your monthly payments will need to be made by other means until the Automatic payment debits begin. **You will be notified in writing of that date.**

Loan Number _____
Mortgagor(s) Name: _____
Name(s)on the Bank Acct_____
Phone Numbers: Home _____ Work _____
Name of Your Bank _____
Bank address _____
City _____ State _____ Zip _____
Bank telephone number _____
ABA or Routing number _____
Your account number: checking _____ Savings _____
Attach a voided check Attach a copy of statement

_____ Debit my payment on the Due Date.

_____ Debit my payment no sooner than _____ days after the due date. (select 1 thru 9). This ensures sufficient time to remit a payment if the debit does not occur as authorized**.**

Optional: In addition to my regular monthly payment, debit an additional
$ _____ to be applied to principal.

Automatic payment program agreement: (Please include proper documentation)
By signing below, I am authorizing Regions Mortgage 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 AM RESPONSIBLE FOR MAKING PAYMENTS ON THE NOTE BY OTHER MEANS IF MY PAYMENT IS NOT DEBITED ON THE DAY SPECIFIED, NO MATTER THE CAUSE. ***

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 may not occur. Automatic payments may not resume until the account is paid current. I will be responsible for any late charges or penalties.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____