

720-4210-0919F - Mortgage

REGIONS BANK
AUTOMATIC PAYMENT AUTHORIZATION - BANK COPY

If you would like us to automatically debit or draft your deposit account for your loan payment each month, please do one of the following: 1) Visit regionsmortgage.com, log into MyMortgage, click on the 'Payments' tab, select 'Automatic Draft' from the drop down menu and follow the instructions. 2) Visit your local branch. 3) Complete this form and fax to 601-554-2385. If applicable, include a voided check for the deposit account that is to be drafted. 4) Or, please mail this form along with any documents required herein to:

Regions -Customer Service, Draft Specialist
PO Box 18001
Hattiesburg, MS 39404-8001

Sign and return the bank copy via one of the methods listed above, and either make a photocopy of the bank copy or retain the customer copy for your records. The automatic debits will begin with your next unbilled payment after our receipt of the completed form. Your loan statement will reflect when you are enrolled in the automatic payment program. Until then, please make your loan payments by other means.

AUTOMATIC PAYMENT AUTHORIZATION (ACH DEBITS)

Loan Number (the "Loan"): _____ Mortgagor(s) Name(s): _____

Name(s) on Deposit Account (Signature card required on business accounts): _____

Phone Number: Home _____ Work _____

Name of Your Depository Institution: _____ Depository Institution ABA or Routing Number (must be 9 digits): _____ Account Number: _____

☐ CHECKING (ATTACH VOIDED CHECK) ☐ SAVINGS

Select the date your payment will be drafted (between 1st and 15th of month)* _____

*Biweekly contracts are required to draft on the payment due date.

I, the undersigned, hereby authorize Regions Bank to electronically debit my deposit account identified above. I agree that ACH transactions I authorize comply with applicable law. I understand that electronic debits will occur on the draft date identified above. If the payment date is not a business day, the transfer will be made on the next business day.

I understand that the electronic debit will equal the minimum payment due on the Loan plus, if applicable, any additional, optional principal referenced below. I understand that the amount debited may include any changes in the payment resulting from changes in my escrow items, under my loan documents, and/or required by law.

If a default occurs under the Loan (for example, payments are delinquent or I file bankruptcy), I understand that automatic debits may be discontinued. Also, if three consecutive automatic debits do not settle, automatic debits may be discontinued. If automatic debits are discontinued, Loan payments must be made by other means. I understand that I will be notified if automatic debits are discontinued. I will be responsible for any late charges or penalties resulting from any missed payment(s).

Subject to the foregoing, I understand that this authorization will remain until full force and effect until I notify Regions Bank that I wish to revoke this authorization either (a) online at regions.com (b) in writing at: Regions, Attn: Draft Department, PO Box 18001, Hattiesburg, MS 39404-8001, (c) by facsimile at 833-430-0344, or (d) verbally by calling Customer Service at 1-800-986-2462. I understand that Regions Bank requires at least three (3) business days' prior notice in order to cancel this authorization. I understand that the foregoing authorization cancels and replaces any prior autodraft authorizations for recurring payments provided to Regions Bank for this loan.

(OPTIONAL) ADDITIONAL PRINCIPAL

In addition to the normal payment amount due for the Loan, I wish to have \$ _____ drafted on each scheduled payment due date and applied to **PRINCIPAL ONLY**.

I am responsible for making the payments due on the loan by other means if my payment is not debited by the date specified, no matter why the debit does not occur.

Signature _____ Date _____ Signature _____ Date _____
Signature _____ Date _____ Signature _____ Date _____
Signature of Deposit Account Owner, if different _____ Date _____

REGIONS BANK
AUTOMATIC PAYMENT AUTHORIZATION - CUSTOMER COPY

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Signature _____ Date _____ Signature _____ Date _____
Signature of Deposit Account Owner, if different _____ Date _____