

Automated Payments (ACH) Customer Authorization

Please complete the information below and return to:

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

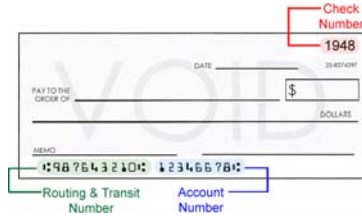
559-665-3456 Phone
559-665-3457 Fax
office@noteservicingcenter.com

Loan Number	Name
Phone Number	E-Mail Address

Banking Information

Bank Routing Number (see example below)	Bank Account Number (see example below)
---	---

- Checking Account
 Savings Account



I (we) hereby authorize Note Servicing Center to initiate debit entries to my (our) account at the Automated Clearing House member bank identified above through the Automated Clearing House network for settlement on the designated date indicated below.

I (we) can cancel or change automatic payments by providing Note Servicing Center with written notification of change or cancellation. Requests for changes or cancellations must be received by Note Servicing Center in writing at least three (3) business days in advance of the scheduled payment date.

I (we) agree to have sufficient funds in my (our) account to cover the payments as required under my (our) loan documents. If not, the original amount, plus an additional NSF fee, as allowed by law, may be electronically debited from my (our) account. Note Servicing Center may also assess a late charge if I (we) do not subsequently make my (our) payment within the applicable grace period, and I (we) am still liable for the payment, according to my (our) loan documents. I (we) authorize Note Servicing Center to change the amount of my (our) payment as needed if there is an increase or decrease in escrow or optional products amounts. Note that additional escrow payments are not permitted. I (we) understand if corrections are necessary, it may involve adjustment (credit or debit) to my (our) account.

An automatic payment transaction that falls on a non-business day will be processed on the following business day. Saturday is not considered a business day for automatic payment purposes.

For interest-only loans, I (we) agree that payments may vary if I (we) have made any additional payment that was directly applied to the principal.

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

All account depositors must sign if more than one signature is required.

Signature _____ **Date** _____

Signature _____ **Date** _____

Agreed Upon Amount and Terms

My account will be debited on the 1st 5th 10th 15th 20th 25th (Choose a date to draft)

Date to start monthly draft _____ Month Day Year

Additional Principal amount (Optional) \$ _____

Total amount to be drafted from my account \$ _____