



AUTHORIZATION FOR AUTOMATIC PAYMENT

By signing this form, I (We) authorize Ovation Services, hereinafter called the “Company”, to deduct the total payment due from my (our) checking/savings account. I (We) agree to make the scheduled loan payments until written notification of the effective date of the automatic payment withdrawal is received.

Payments will be drafted on my loan due date (or by the next business date) and will be credited to my (our) tax loan account. **If you are currently paying by check and sign up for this automatic deduction program, you will no longer receive a monthly billing statement. You can access account information any time at www.ovationservicing.com.**

I (We) agree to maintain sufficient funds in my (our) checking/savings account to enable the Company to make this debit. If sufficient funds are not available on three separate occasions, the Company may automatically cancel this authorization and payment responsibility will revert back to the customer(s).

This agreement may be terminated by the customer by giving fifteen (15) business days written notice prior to the next payment date.

If an incorrect draft is made by the Company to the customer’s account, the customer will notify the Company in writing of the error and request the Company to credit the customer’s account. The customer shall have the right to have the amount of said draft credited to his/her account within ten (10) business days of Company notification.

Please complete the following information. If any of this information is not provided, the set up process cannot be completed.

ATTACH VOIDED CHECK OR DOCUMENT VERIFYING SAVINGS ACCOUNT NUMBER

Bank Name: _____

Circle one: Checking Savings

Total Draft Amount: _____

ABA Number: _____

Additional to Principal: _____

Account Number: _____

Additional to Escrow: _____

CUSTOMER’S NAME (please print)

LOAN NUMBER

CUSTOMER’S MAILING ADDRESS

CITY, STATE, ZIP

HOME PHONE NUMBER

SIGNATURE

SIGNATURE

DATE

DATE