



Automatic Payment Authorization

WOULDN'T YOU RATHER HAVE YOUR PAYMENT MADE AUTOMATICALLY?
THIS SERVICE IS ABSOLUTELY FREE

Return this form with your next payment along with a voided check

Name: _____ ENS Account No.: _____
Telephone number : _____ Please debit each month beginning ___/___/___
Bank Name _____ Checking _____ Savings _____
Routing Number _____
Account # _____ Amount to be deducted: \$ _____

Automated Payment Policies

If the scheduled payment date falls on a weekend or holiday, the payment will be withdrawn on the following business day. In the event the payor has selected a payment date that falls within 4 days of the end of their "grace period", Evergreen Note Servicing (ENS) is not responsible for any late fees that may be incurred.

The date selected for automatic payment is the day that funds will be deposited into ENS's account. This means that the payment may be debited from your account one (or more) days prior to this scheduled date. You may want to contact your financial institution to determine their procedures for auto-debits.

Any alterations or cancellations relating to the automatic payment must be received by Evergreen Note Servicing 5 business days prior to the scheduled debit date. Such alterations or cancellations must be in written form. In the event more than 2 (two) changes are requested, a fee will apply to process these changes. A change consists of altering a payment date, a payment amount, bank information, or ceasing to withdraw a payment on any certain month.

In the event your automatic payment is returned by your bank as NSF (non-sufficient funds);

- You will be assessed a \$50.00 return item fee.
- You will be responsible for submitting guaranteed funds (cash, cashiers check, money order or wired funds) within 5 business days to replace the returned payment.
- Failure to replace the payment will result in cancellation of your Automatic Payment withdrawal and all future payments will be required in guaranteed funds.
- You will be eligible for re-enrollment in the Automatic Payment program after 12 months without an NSF payment.

We suggest you retain a copy of these policies prior to returning this form.

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I request and authorize my bank to accept these charges. I may revoke this authorization at any time. I acknowledge that I must give at least 5 business days notice (in writing) to begin or to cancel this service. I have read the above Automated Payment Policies. My signature indicates my understanding of ALL the automated payment policies and procedures maintained by ENS and my agreement to participate in such.

Signature _____ Date _____

Signature _____ Date _____