



Automatic Withdrawal Authorization

AUTHORIZATION AGREEMENT FOR EVERGREEN NOTE SERVICING TO INITIATE AUTOMATIC CLEARING HOUSE (ACH) DEBITS

Signatures from all Evergreen account Payors are required. When returning this agreement, please include a voided check to ensure accuracy.

I authorize Evergreen Note Servicing to initiate Automatic Clearing House (ACH) debits from my designated bank account at the financial institution identified below. I authorize Evergreen Note Servicing to debit my designated bank account according to the schedule of debits provided to Evergreen Note Servicing by me or on my behalf or as otherwise provided by agreement. I understand that debits will be withdrawn on the due date unless otherwise indicated and that sufficient funds must be available in my designated account two (2) business days prior to the actual date of the debit (if the due date falls on a weekend or holiday, funds will be withdrawn and credited on the following business day). Evergreen Note Servicing may adjust the amount being debited from designated bank account to reflect changes/other provision of my contract, though balloon payments will not be withdrawn from the account. This authorization is to remain in force until the schedule of debits is completed or until Evergreen Note Servicing has received written notification from me of a change or termination allowing no fewer than five (5) business days for Evergreen Note Servicing to act. Evergreen Note Servicing may discontinue this service at its discretion after providing written notification thirty (30) days in advance or immediately upon receiving notification of a returned/rejected payment from my bank. Evergreen Note Servicing shall not be required to provide advanced notice when advanced notice is impossible. Evergreen Note Servicing is not liable to any person for not completing a transaction as a result of any limit on my designated bank account, or if a financial institution fails to honor any debit from such account. I understand that it is my responsibility to notify Evergreen Note Servicing immediately if a scheduled debit does not occur. I authorize Evergreen Note Servicing to recover funds in the event of an error or in the event that a prior debit is returned for any reason, including non-sufficient funds.

Evergreen Account Number: _____

Payor Name: _____

Debit Monthly Beginning: ____/____/____ (no less than 15 days from date of request)

Bank Account Holder Name _____

Bank Name _____ Bank Telephone # _____

Bank Address _____

Bank Routing # _____ Bank Account # _____

Account Type: Personal Checking Personal Savings Business Checking Business Savings

Optional: Additional principal to be regularly debited \$ _____

By signing below, I certify that I am the owner of the above referenced bank account with the authority to authorize the requested Automatic Clearing House (ACH) debits.

Payor Signature _____ Date _____

Payor Signature _____ Date _____

Payor Phone _____ Payor Email _____

Requests for recurring ACH debits in an amount equal to or greater than \$5,000.00 require proof of bank account ownership in the form of a voided bank check or copy of recent bank statement prior to setup. Evergreen may delay the disbursement of funds in the amount of \$5,000.00 or greater, or any amount in accordance with its Payments Policy, for up to ten (10) days.

Evergreen Note Servicing may decline to establish recurring ACH debits for customers with a repeat history of payments returned/rejected for non-sufficient funds (NSF).