



Automated Payments (ACH) Customer Authorization

NOTE: This service is only available for Performing and Current loans.

Save time & money by signing up for **Automated Payments**. Your monthly payment can be automatically deducted from your checking or saving account on the same day each month using the Federal Banking System's ACH program. Simply complete the information below. Return this information to:

FCI Lender Services, Inc.
Attention: Loan Servicing
8180 East Kaiser Blvd.
Anaheim Hills, CA 92808

Or

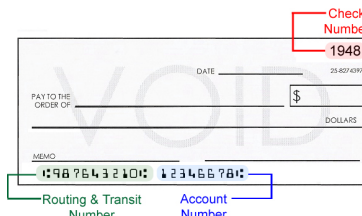
Fax to:
(714) 282-2429 for Standard Loan Servicing
(714) 282-5775 for Specialty Loan Servicing

Name: _____	Account/Loan Number: _____
Address: _____	City: _____ State: _____ Zip: _____
Phone Number: _____	E-mail Address: _____

Banking Information

Account Type: <input type="radio"/> Checking <input type="radio"/> Saving
Name of Primary Bank: _____ Name of Account: _____
Bank Representative: _____ Bank Phone Number: _____
Bank Routing Number: _____ Bank Account Number: _____

**PLEASE PROVIDE COPY
OF A VOIDED CHECK**
If using checking account



I/We hereby authorize a monthly ACH electronic debit from the account designated above to be paid to FCI Lender Services, Inc., in payment of my/our monthly loan obligation, not to exceed the amount agreed to by me/us below. Provided however, if the required scheduled loan payment changes for any account related reason, including but not limited to change in principal balance, interest rate, or in required escrow/impounds, I/We authorize the debit amount to be adjusted accordingly.

I/We understand that should my/our bank dishonor my/our automated payment for insufficient or uncollected funds, the original amount, plus an additional NSF fee, as allowed by law, may be electronically debited from my/our account.

I/We authorize FCI to debit my/our account consistent with this Authorization until such time as I/we provide 15 days written notice to FCI of withdrawal of this Authorization.

NOTE: The electronic **debit date** can not be changed with less than 15 days written notice prior to the next scheduled debit date sent to FCI Lender Services, Inc. at the address or fax numbers above.

Signature

Signature

Date

Agreed Upon Amount and Terms

My/our account will be debited on the _____ day of each month, or the next business day if debit date falls on a weekend or holiday, starting: _____. Monthly Payment Amount: \$ _____.
Total amount to be drafted from my/our account: \$ _____. On Date: _____