



AUTHORIZATION FOR AUTOMATIC DRAFT

NAME ON ACCOUNT: _____

DRAFT DATE OF LOAN: Payments due on the 1st day of the month 1st 5th 10th

START DRAFT WITH ____/____/____ PAYMENT

YOUR FINANCIAL INSTITUTION'S NAME: _____

TYPE OF ACCOUNT: CHECKING SAVINGS

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

Please deduct an additional \$_____ each month and apply it to my principal balance.
*The additional draft amount should not include your monthly payment.

I authorize the financial institution named on this form to deduct my monthly payment on the due date from my account. I (we) understand that you or I can terminate this arrangement with notice.

ACCOUNT HOLDER SIGNATURE: _____

DATE: _____

**This form must be signed by the account holder using an original "wet" signature.
Electronic signatures are not acceptable.**

Return completed form to: ServoSolutions

7460 Halcyon Pointe Drive, Suite 200
Montgomery, AL 36117
FAX: 334.244.9214