



### Authorization for Automatic Draft

Name on Account: \_\_\_\_\_

First Mortgage Loan number: \_\_\_\_\_

Second Mortgage Loan number: (if applicable) \_\_\_\_\_

Property Address: \_\_\_\_\_

Draft Date of Loan: Payments are due on the 1<sup>st</sup> day of the month. Please select one of the following:

1<sup>st</sup>     5<sup>th</sup>     10<sup>th</sup>

Start with \_\_\_\_/\_\_\_\_/\_\_\_\_ Payment

Your Financial Institutions Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account     Checking                       Savings

Please deduct an additional \$\_\_\_\_\_ each month and apply to the 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 m account. I (we) understand that you and I can terminate this arrangement with notice.

**To cancel the automatic draft, you must give a 4 business-day prior notice.**

Accountholders Signature: \_\_\_\_\_

Date: \_\_\_\_\_

You may fax the completed form to 334-271-3104 Attention Cash Management or by

**By Mail:**

ServiSolutions

Attn. Cash Management

Po Box 242928

Montgomery AL 36124-2928

For questions, you may contact us at our telephone number our toll-free Customer Service Telephone number 866-339-2432. Hours of Operation Monday-Friday 8:00 a.m.-5:00p.m. CST

**Note: ServiSolutions will not accept automatic draft forms by email.**