



THE SERVICING GROUP

ACH Origination Authorization Form

Date: _____

_____ New Authorization

_____ Change previous authorization

_____ Termination of original authorization (written notification required, 48 hours in advance)

_____ **RECURRING** Authorization _____ **ONE-TIME** Authorization

Effective date of first ACH Draw _____ (10 business days are required to set up first recurring transaction)

Payment Amount: _____

Financial Institution: _____

City: _____ State: _____ Zip: _____

Routing Number/ABA: _____ Account #: _____

(Please attach a voided check or deposit slip)

_____ **CHECKING** Account _____ **SAVINGS** Account

I (we) hereby authorize **The Servicing Group, Inc.**, hereafter called **Company**, to initiate debit entries to my (our) account indicated above at the financial institution named above, hereafter **Institution**, and to debit the same such account. I (we) acknowledge that the origination of ACH Transactions called to my (our) account must comply with the provisions of U.S. law, and will be initiated through the **Company** online payment module.

This authorization will remain in full force and effect until **COMPANY** has received written notification, 48 hours in ADVANCE, from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **INSTITUTION** a reasonable opportunity to act on it.

Note: ALL DEBIT AUTHORIZAITONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

If your ACH origination is returned, your account will be charged a **\$30.00** ACH return origination fee. If the amount was applied to a loan payment, the payment will be reversed and you will be responsible to make other payment arrangements. There will NOT be additional attempts made.

Member(s) Name(s): _____

(Please print)

Loan Number: _____

Member(s) Signature(s): _____

Daytime Phone: _____

Evening Phone: _____

Cell Phone: _____