



Authorization for Withdrawal and Direct Payment Agreement

Account Information

Customer Name: _____

Phone Number: _____

SPS Account Number: _____

Bank Information

Bank Name: _____

This a CHECKING account / SAVINGS account (circle one)

Bank Routing Number: _____

Bank Account Number: _____

Withdrawal Options

Date of Withdrawal: Your account will be drafted each month on your payment due date, unless you provide an alternative date here: _____

*The date that you choose must be within your grace period or your request to set up recurring Auto Draft may be denied.

*If the date you have elected crosses over to the next month, your payment may not always draft on the same day depending on the days in the month.

*When your selected date falls on a weekend or holiday, the debit entry will occur on the following business day.

Additional Amount: _____

This amount will be withdrawn in addition to your regular payment amount and applied to your unpaid principal balance.

Return This Form:

By Mail:
Select Portfolio Servicing, Inc.
ATTN: Cashiering Dept
PO Box 65450
Salt Lake City, UT 84165-0450

By Fax to:
801-269-4499
ATTN: Cashiering Dept

Signature Authorization - You must sign below

I authorize Select Portfolio Servicing, Inc. (SPS) to automatically debit my bank account monthly for the amount of my full mortgage payment plus any additional amount as indicated above. I understand that the payment amount may vary due to changes in escrow requirements or principal and interest payments for adjustable type mortgages, if applicable. If the requested withdrawal date falls on a weekend or holiday, the withdrawal will occur the following business day.

I agree that SPS will not be liable to me if my bank refuses or returns a debit, regardless of the reason for refusal or return; if my bank mishandles or delays a payment; or if I have not provided SPS with correct information regarding my account or payment(s). I understand that I may be charged a fee and/or late charge for any item returned due to insufficient funds, as allowed by applicable law.

I understand that I am in full control of my account and may change the terms of this automatic withdrawal at any time by giving SPS 10 days advance written notification of any change. Furthermore, I may terminate this service by providing SPS 10 days advance verbal or written notification.

SPS is authorized to debit my bank account until SPS has received 10 days advance notification from me to terminate this service.

Signature: _____ Date: _____

Once we receive this form, please allow at least forty-five (45) days for processing. We will notify you when the automatic withdrawal will commence. UNTIL YOU RECEIVE THAT NOTICE, YOU MUST CONTINUE TO REMIT ANY PAYMENTS THAT COME DUE. Your account must be current to commence automatic withdrawal.