

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? (check 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 alternate date here: _____
Additional Amount: _____
This amount will be withdrawn in addition to your regular payment amount and applied to your unpaid principal balance.

* 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.

Return the Form:

By Mail:
Select Portfolio Servicing, Inc.
ATTN: Cashiering Dept.
P.O. 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. Fees may be imposed by my bank and SPS. SPS's fees are disclosed in its annual fee notice, which is available online by logging into an SPS account or upon request.

I understand that I am in full control of my account and may terminate or change the terms of this automatic withdrawal at any time by giving SPS at least three (3) business days advance verbal or written notification of the termination or any change.

SPS is authorized to debit my bank account until SPS has received notification from me to terminate or make changes to this service at least three (3) business days before the scheduled date of the transfer.

Signature: By: _____ Date: _____

PLEASE CONTINUE MAKING REGULAR MONTHLY PAYMENTS UNTIL YOU RECEIVE NOTIFICATION FROM US THAT AUTOMATIC WITHDRAWALS WILL BEGIN. In the event you have not received notification and a monthly payment is due, please contact us at 800-258-8602 or visit us online at www.spservicing.com to check the status of your automatic withdrawal and/or discuss payment options. You may also set up automatic withdrawals on website or by calling the phone number listed above. Please note, the account must be current to commence automatic withdrawal.

