



## Automatic Payment Authorization Form

You must provide a voided check or deposit slip at Closing

- YES, I would like to enroll in the monthly Automatic Payment Program\*
- NO, I would not like to enroll in the monthly Automatic Payment Program

\* Please note that your financial institution may assess a fee for this transaction.

<b>Name on Account:</b>		<b>Daytime Phone Number:</b>
<b>Street Address:</b>	<b>City, State &amp; Zip Code:</b>	<b>Evening Phone Number:</b>
<b>Mortgage Loan Number:</b>		
<b>Financial Institution Name:</b>	<b>Financial Institution Phone Number:</b>	
<b>Electronic ACH Routing Number:</b>	<b>Account Number:</b>	<input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>

If a payment date is not specified, or your loan is a daily simple interest loan, payments will be deducted on your current loan due date. If the selected date falls on a weekend or a holiday, I (we) understand the payment will be processed on the next business day.

Deduct my payment on the \_\_\_\_\_ of each month (must be on or between the 1<sup>st</sup> and 15<sup>th</sup> day of the month).

I would like additional funds deducted and applied toward reducing my outstanding principal balance. Please deduct an additional \$ \_\_\_\_\_ per month.

I hereby authorize Nexera Holding LLC dba Newfi Lending, including its successors and/or assigns, to initiate transfers to/from my checking or savings account at the financial institution indicated above for the purpose of making my monthly mortgage payment. I authorize the amount of each transfer to include my regularly scheduled payment including principal, interest and escrow for taxes and insurance - if applicable, reimbursement of corporate advances, optional insurance as applicable and the costs of any services I request.

I understand that, in accordance with the terms of my mortgage note and/or adjustments in my escrow for taxes and insurance, my payment may change as set forth in my loan documents. You are hereby authorized to change the amount of the draft from my checking or savings account, provided that you notify me of the new payment amount at least 10 days prior to the draft date. I agree that the payment change notice provided to me under the Adjustable Rate Mortgage Provisions of the Truth-in- Lending Act and/or escrow analysis form shall constitute notice of payment change as required by the Electronic Funds Transfer Act and Federal Reserve Board Regulation E.

In the case of a payment being rejected for Non-Sufficient Funds, I understand that Newfi or its successors and/or assigns may at its discretion attempt to process the payment again within 30 days.

### I HEREBY AGREE TO THE TERMS AND CONDITIONS IN THIS FORM.

Borrower's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Borrower's Signature \_\_\_\_\_ Date \_\_\_\_\_

I (we) understand that this authorization will remain in full force and effect until I (we) notify Newfi or its successors and/or assigns in writing that I (we) wish to revoke this authorization. I (we) understand that Newfi or its successors and/or assigns require at least 3 days to cancel this authorization.