



Authorization for Automatic Payments (ACH)

Add Delete Change

Loan Information

Name (Please Print): _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____
Statebridge Loan Number: _____ **Email Address:** _____

Bank Account Information

Name of Bank or Financial Institution: _____
Primary Account Holder's Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Routing Number (9 digits): _____
Account Number: _____

Monthly Debit Information

Day to Debit: _____ **Additional to Principle:** _____
Beginning Debit Date: _____ **Additional to Escrow:** _____
Dollar Amount: _____

Checking Account **Savings Account**

- By completing and returning this form, Statebridge Company, LLC ("Statebridge"), is authorized to charge all regularly scheduled payments and all other obligations due and owing on the above-indicated loan ("Payment") to the account referenced above (the "Debit Account").
- The authorization provided to charge the Debit Account will remain in effect unless Statebridge receives notice in writing, at least 30 days prior to your next payment due date to terminate or change the authorization.
- Similarly, Statebridge reserves the right to cancel your enrollment in this program at any time.
- You will receive a Confirmation of Enrollment letter describing when your first draft, as well as subsequent drafts for the year, will occur before any draft is initiated. Please continue to make regular monthly payments until you receive Confirmation of Enrollment, indicating that the Automatic Payment Plan is in effect.
- If the servicing of my loan is transferred to another servicer, my enrollment in the program will be canceled.

AUTHORIZATION

I hereby authorize Statebridge to initiate electronic debit entries, sufficient to cover my Payments, to the Debit Account. This authorization will remain in effect until Statebridge receives notice in writing at the address set forth below to cancel or change it, at least 30 days prior to my next payment due date.

Account Owner Signature: _____

Date: _____

ATTACH VOIDED CHECK AND RETURN FORM TO:

Email: sbach@statebridgecompany.com

Fax: (303) 290-7516

Mail: Statebridge Company, LLC 5680 Greenwood Plaza Blvd, Ste 100S Greenwood Village, CO 80111