



Yes, I would like to enroll in the monthly Automatic Payment Program (ACH)

Name:		Street Address:		City, State, Zip Code:	
Loan Number:					
Phone Number:			Email Address		
Financial Institution Name:			Financial Institution Phone Number:		
Electronic ACH Routing Number:		Account Number:		Checking <input type="checkbox"/>	Savings <input type="checkbox"/>

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

Please specify the payment date most convenient for you, which must be within the applicable grace period.

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 your loan is a Home Equity Line of Credit, ACH can only be drafted on your due date and for the exact amount billed for the current month. The amount may vary each month.

Deduct my payment on the _____ of each month.

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

I hereby authorize Statebridge company, LLC ("Statebridge") to initiate transfers 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 items, reimbursement of corporate advances, optional insurance as applicable and the costs of any services I request. 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.

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 from time to time 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 Consumer Financial Protection Bureau (CFPB) Regulation E.

You will receive a Confirmation of Enrollment letter describing when your first draft, as well as subsequent drafts for the year, will occur before anydraft is initiated. Please continue to make regular monthly payments until you receive Confirmation of Enrollment, indicating that the AutomaticPayment Plan is in effect.

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

Borrower's Signature _____ Date _____

Co-Borrower's Signature _____ Date _____

ATTACH VOIDED CHECK AND RETURN FORM TO: Email: sbach@statebridgecompany.com

Fax: (303)290-7516

Standard Mail: 6061 S Willow Dr, Ste 300 Greenwood Village, CO 80111