

Easy Loan Pay, LLC
P.O. Box 40, Southfield, MI 48037-0040

Authorization for Repetitive Payment

Servicing Solutions, L.L.C. Account Number: _____

WORKSHEET: Date of last paycheck: _____
Next paycheck date: _____

Payment amount: \$ _____ (circle one) Weekly Bi-weekly Monthly

Payment amount: \$ _____ [A]
Easy Loan Pay Service Charge \$ _____ [B]
Total debit amount: \$ _____ [A + B]

I authorize the total debit amount of \$ _____ to be withdrawn from my bank/credit union account beginning _____.
I am aware that the start date must be initiated by my bank/credit union on or before my next due date. I understand that this process may take up to 30 days to initiate and I am responsible to Servicing Solutions, L.L.C. for any payments that become due before withdrawals begin.

DEPOSITORY FINANCIAL INSTITUTION (DFI) INFORMATION:

Name of Depository Financial Institution: _____

Depository Financial Institution Telephone Number: _____

ABA / Nine Digit Routing Number: _____

Depository Financial Institution Account Number: _____ Account Type: Checking Savings
(Check one)

CUSTOMER INFORMATION:

Name: _____ Social Security Number: _____ - _____ - _____

Address: _____

City, State, Zip: _____ Telephone Number: _____

Employer Name: _____ Employer Phone: _____

Electronic Fund Transfer (EFT) Authorization Agreement

I hereby authorize Easy Loan Pay, LLC to initiate EFT debit entries from the Depository Financial Institution (DFI) as indicated above, and if necessary to initiate EFT credit entries and adjustments for any EFT debit entries made in error to my account. Easy Loan Pay, LLC's only liability and responsibility is to promptly correct any EFT errors. I understand that if my Servicing Solutions, L.L.C. payment amount is changed for any reason I will need to complete a new EFT Authorization form for the new payment amount. This authorization for preauthorized EFT's from my designated account shall remain in full force and effect until terminated by Easy Loan Pay, LLC or revoked by me in writing in such time and manner as to afford Easy Loan Pay LLC and DFI a reasonable opportunity to act on it.

Signature: _____ Date: _____

Please attach a **voided check** for your DFI account above and **return this form to:**
Easy Loan Pay, LLC, P.O. Box 40, Southfield, MI 48037-0040

If you have any questions please contact Servicing Solutions, L.L.C. at 1-800-420-3657