



ACH MONTHLY RECURRING AUTHORIZATION AGREEMENT
Customer Information

NEW REVISE

Loan Number: _____

Customer Name(s): _____

Customer Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Bank Information – Drafting Date – Additional Principal

I (we) authorize **Home Point Financial** to electronically debit my Checking Account
Home Point does not allow the use of Savings Account for ACH drafting
Provide Voided Check (No Temporary or Counter Checks)

Please check: I certify this is a checking account.

Name on Account: _____

Bank Name: _____

Bank Routing #: _____

Checking Account #: _____

Please select an Effective Date to start drafting and the date you would like the payment drafted (Drafting Date). Please note that the Drafting Date must occur between the 1st and the 15th of the month.

Effective Date: **(MM/DD/YY)** _____

Drafting Date: **(1st through 15th)** _____

If you would like to have additional funds applied to your principal balance each month please check the box and indicate the amount:

Add Additional Principal Amount \$ _____



Terms and Conditions:

- You understand and agree that any and all changes in your account information, including requests to terminate this agreement, must be made by calling Home Point at 800-686-2404 (Mon – Fri 7am to 7pm) or via website www.homepointfinancial.com. All requests must be made no later than five (5) calendar days before the next payment is scheduled to draft.
- If a payment draft date falls on a weekend or holiday, you understand and agree that the payment may be executed on the next business day.
- You understand and agree that as this is an electronic transaction, adequate funds must be available for withdrawal from your account by the payment draft date. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), submission error, or other bank related return reasons you understand and agree that Home Point may at its discretion resubmit the ACH debit transaction within thirty (30) days. You also understand and agree that an NSF fee may be assessed for each returned ACH debit. If your draft is rejected via NSF twice within a six (6) month period, you will no longer be eligible for the monthly drafting program and certified funds will be required for the six (6) months following the date of the 2nd NSF.

If the monthly payment required hereafter changes due to an escrow analysis or interest rate change, your payment will be automatically amended to reflect the new required payment.

By executing this agreement, you acknowledge that the origination of ACH transactions to your account must comply with provisions of U.S. law and agree not to dispute this recurring billing with your bank so long as the transactions correspond to the terms indicated in this authorization form.

CUSTOMER SIGNATURE _____

DATE _____

Please remit the completed form to address below:

Home Point Financial Corporation

11511 Luna Road, Suite 200

Attention: Correspondence Department

Farmers Branch, TX 75234

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