



**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 Corporation (“Homepoint”)** to electronically debit my Checking Account

Homepoint 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 Homepoint at (800) 686-2404 (Monday through Friday 8:00 a.m. ET to 8:00 p.m. ET) or via website www.homepoint.com. All requests must be made no later than three (3) business 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 Homepoint 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 1st 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 the mail or email address below:

Homepoint
11511 Luna Road, Suite 200
Attention: Correspondence Department
Farmers Branch, TX 75234

or
WeCare@hpfc.com

Home Point Financial Corporation does not conduct business under the name, "Homepoint" in IL, KY, LA, MD, NY, or WY. In these states, the company conducts business under the full legal name, Home Point Financial Corporation.

Duplicate copy – Please complete and retain for your records



**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 Corporation (“Homepoint”)** to electronically debit my Checking Account

Homepoint 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 Homepoint at (800) 686-2404 (Monday through Friday 8:00 a.m. ET to 8:00 p.m. ET Mon) or via website www.homepoint.com. All requests must be made no later than three (3) business 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 Homepoint 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 1st 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 the mail or email address below:

Homepoint
11511 Luna Road, Suite 200
Attention: Correspondence Department
Farmers Branch, TX 75234
or
WeCare@hpfc.com

Home Point Financial Corporation does not conduct business under the name, "Homepoint" in IL, KY, LA, MD, NY, or WY. In these states, the company conducts business under the full legal name, Home Point Financial Corporation.