



AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

I (We) authorize Mid America Mortgage Services, Inc. to initiate debit entries to my (our) bank account with the financial institution listed below to credit to my(our) Mid America Mortgage Services, Inc. account.

Such debits will occur on or about (but not before) the first business day following the 5th or the 11th of each month. Unless specified, the default day will be the first business day following the 5th. (Select option below)

This authorization is to remain in full force until Mid-America Mortgage Services, Inc. has received written notification from me (us) of its termination within a reasonable amount of time. This authority includes the right to reverse any transaction in the event of an error. I(We) have been informed as to the initial amount of these monthly payment debits. I (We) also understand that while the payment will vary, Mid America Mortgage Services, Inc. will send a notice of any change in payment amount at least 25 days in advance of effective date of such change.

FINANCIAL INSTITUTION _____
CITY _____ STATE _____ ZIP CODE _____
ROUTING NUMBER _____ **Day Account Debited**
5th 11th
ACCOUNT NUMBER _____
TYPE OF ACCOUNT: CHECKING SAVINGS
MID AMERICA MORTGAGE SERVICES, INC. LOAN NUMBER(S) _____
AMOUNT OF MORTGAGE PAYMENT \$ _____
ADDITIONAL PRINCIPAL PAYMENT AMOUNT \$ _____
Effective Date:
TOTAL AMOUNT OF MORTGAGE PAYMENT \$ \$ _____

PRINTED NAME _____ Last Four Digits of SSN _____

SIGNATURE _____ DATE _____

PRINTED NAME _____ Last Four Digits of SSN _____

SIGNATURE _____ DATE _____