



Commercial Electronic Funds Transfer Authorization

Please complete the form below and mail back to Silver Hill Capital, at 4425 Ponce De Leon Boulevard, Suite 300, Coral Gables, FL 33146. Please contact Customer Service with any questions by calling 1-800-457-5105 or visiting www.silverhillcapitalloanservicing.com. Please note that Silver Hill Capital reserves the right to discontinue this service without prior notice. For purposes of this authorization, "I," "my," "me" and "Borrower" refer to the Borrower named below.

Loan Number:	
Borrower Name:	
Mailing Address:	
Type of Account (check one):	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Name:	
Bank Address:	
Name on the Bank Account:	
Bank Account Number:	
Bank Routing Number (ABA Number):	
Total Amount of Withdrawal:	<input type="checkbox"/> Debit my account for the actual amount due as shown on my billing statement. This is referred to below as the "Actual Amount Due" option. <input type="checkbox"/> Debit my account for the actual amount due as shown on my billing statement and an ADDITIONAL \$_____ each month which will be credited to the principal balance (so long as I am not delinquent). The additional amount debited each month will remain constant until I request a change. This is referred to below as the "Additional Amount" option.
Due Date: ____ of each month	
Withdrawal Date (Check one):	<input type="checkbox"/> Draft my payment on the due date <input type="checkbox"/> Draft my payment _____ days after my due date. You can select 1-15 days

If the Withdrawal Date I select does not fall on a business day, my account will be debited on [or after] the next business day. All due dates and late payment penalties will continue to apply as per the terms of my loan agreement regardless of the date selected for withdrawal.

- I hereby authorize Silver Hill Capital, its agents, successors and assigns ("SHC"), to debit on a monthly basis the Bank Account specified above or any substitute bank account I later specify (the "Account") in the amount of the Total Amount of Withdrawal specified above via an Automatic Clearing House (ACH) or similar electronic debit on or after the Withdrawal Date selected above. I hereby certify that I own the Account and no authorization of any party other than me is necessary to provide for the debits from the Account contemplated by this Authorization. (If a different person owns the Account I understand he or she must agree to this Authorization by signing below.)
- Each month I will receive a billing statement, which will show the total amount due on my loan, and may include amounts allocated to my escrow. I understand that for purposes of this Authorization, my billing statement will in all cases be sent to me at least ten (10) days before the scheduled payment date. If I select the Actual Amount Due option, SHC will debit the Account for the amount due shown on the monthly billing statement, [less any payments made on the loan since the last Withdrawal Date that have been processed by SHC prior to initiating the debit to the Account]. If I select the Additional Amount option, SHC will debit the Account for the amount due shown on the monthly billing statement, less any payments made on the loan since the last Withdrawal Date that have been made on the loan that have been processed by SHC prior to initiating the debit to the Account. If I selected the Additional Amount option, I understand that I may change or cancel the additional amount by writing to SHC. Generally, SHC must receive written notification three (3) business days prior to a Withdrawal Date, otherwise the change will not take effect until



the next Withdrawal Date. If I do not make a selection in Total Amount of Withdrawal above, I authorize SHC to proceed as if I selected the Actual Amount Due option.

3. I authorize SHC to debit any late or returned payment fees from my Account. I authorize SHC to initiate a separate debit for the amount of the fee [or to add the amount of the fee to debit authorized above]. (Fees are accessed in accordance with State Law and/or Loan Documents)
4. SHC will confirm the exact date my first payment will be automatically withdrawn from my account after my Trial Plan Period is complete, if applicable.
5. If my loan is currently delinquent, automatic debiting will not begin until my loan is made current, as SHC only drafts payments on current loans. If at any time after executing this Authorization, my loan falls delinquent, the debiting of payments will be suspended until my loan is once again brought current.
6. Instead of or in addition to any debits authorized above, I authorize SHC to initiate any debit that I subsequently confirm by phone, e-mail or text message.
7. I agree that SHC may reinitiate any debit to my Account that is unsuccessful and that SHC may initiate a credit or debit, as applicable, to my Account to correct any error that SHC makes in seeking a payment.
8. To ensure no late charges are assessed, I should select a Withdrawal Date PRIOR to the end of my monthly grace period. If, in setting up electronic payments, SHC determines that the day I elected for debits is after the end of my grace period, SHC may contact me for an updated Authorization form with a Withdrawal Date prior to the end of my grace period. [However, SHC is under no obligation to contact me and, I understand that, if I do not change my Withdrawal Date, I will incur a late fee.]
9. Both SHC and I have the right to cancel this Authorization at any time. I must notify SHC of my desire to stop payment at least three (3) business days before the Withdrawal Date on which I wish the cancellation to take effect by notifying SHC in writing at 4425 Ponce de Leon Blvd., Suite 300, Coral Gables, FL 33146 or calling SHC at 1-800-457-5105. If three ACH Returns are received within a 12 month period, your ACH Payment will be subject to cancellation. Also, If you are setup on ACH, and have not drafted an ACH payment in the last 120 days, your ACH will be deleted.
10. I understand that my bank may impose its own fees in connection with returned or rejected debits, and I agree that SHC does not have any liability regarding any such fees.

The terms of this Authorization do not modify the terms of my loan. By signing below, I hereby agree to the terms stated above, as well as acknowledge receipt of a copy of this Authorization that I will retain.

Borrower Signature Date: _____

Co-Borrower Signature Date: _____

Bank Account Holder's Name* Bank Account Holder's Signature
*If different from Borrower