

EMAIL US:servicing@homeloanbank.com

DO NOT INCLUDE documents in initial email, we will reply back with instructions to utilize our secure delivery service

OR

FAX TO:Customer Service Department
(401) 739-9762

OR

MAIL TO:Loan Servicing Department
One Home Loan Plaza
Warwick, RI 02886

With Home Loan Investment Bank's ACH Program, your loan payments are automatically deducted from your checking or savings account and are applied to your loan, as of the date of the scheduled ACH withdrawal, unless it falls on a weekend or bank/federal holiday, in which case it will post the payment on the business day prior. Each month a statement will be sent to you showing the application of the last ACH payment made and the amount of the next payment to be withdrawn.

To enroll in the ACH Program complete this agreement, include a blank check (If you are using a checking account for the automatic deduction) marked "VOID", or a copy of your bank statement and return via Email, Fax, or Mail.

Loan Authorization Agreement for Preauthorization Payments

Initial Set Up _____ OR Bank Account Change _____

Borrower(s) Name(s) _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Address _____

Loan No. _____ SSN No. _____

Your Bank's Name _____

Your Bank's Address _____

City _____ State _____ Zip _____

Type of Account: Checking _____ Savings _____

DEBIT TYPE: Monthly Start _____ Month _____ Day _____ (MUST BE WITHIN 6 DAYS OF THE LOAN DUE DATE)

Transit ABA No. _____

Account No. _____

Bank's Telephone No. _____

Bank's Contact Person _____

You are hereby authorized to charge my/our account for the regular payments due on the loan (number shown above) on the date each payment is due. I/we authorize you to transfer amounts subject to change without prior notification to me due to: (1) late charges assessed; (2) delinquent amounts due; (3) interest rate changes; or (4) any other payment amounts required under the terms of the loan identified above. All transfers for payment of my/our loan will be made on each loan payment due date. It is further understood that I/we may terminate this authorization by giving not less than three (3) days written notice to the Loan Servicing Department. In the event that there are insufficient funds in my/our account to pay my monthly payment in full, a NSF fee will be charged. I/we agree that the Bank may cancel this Agreement at any time if I/we fail to maintain sufficient balances in my account to make my payments when due. I/we further acknowledge that any such transactions I/we have authorized are in compliance with provisions of all applicable United States law.

Print Name _____ Print Name _____

Signature X _____ Date _____

Signature X _____ Date _____

