

Automated Payments (ACH) Customer Authorization

No More Checks to write	e! No N	More Stamps!	No	more forgotten Payments!	
your checking account on the information below and	the same day each mon attach a voided check.	th using the Federa	al Banking Syste	ent can be automatically deducted fr em's ACH program. Simply comple	om te
Lake City Servic 1121 E. Mullan A Coeur d'Alene, I	Ave., Suite 200				
Customer Information: Lake City Servicing Acct. Name:					
Address:		State:	Zip Code:		
Banking Information: Name of Primary Bank: Type of Account:					
Type of Account:	PersonalChecking	 Business Savings 			
Routing Number:	ç	U	ıber:		
PLEASE PROVIDE COPY OF A VOIDED CHECK			045 123465 781	Check. Number 1948 Sector 5	

I/We hereby authorize a monthly ACH electronic debit from the account designated above to be paid to Lake City Servicing in payment for services rendered to me/us, not to exceed the amount agreed to by me/us below.

I/We understand that should my bank dishonor my/our automated payment for insufficient or uncollected funds, the original amount, plus an additional \$100.00 NSF check fee will be charged to my/our loan account and may be electronically debited from my/our account as stated in the ACH Authorization.

I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. Law.

NOTE: The electronic debit date cannot be changed with less than 15 days written notice prior to the next scheduled debit date sent to Lake City Servicing at the address above or by e-mail to customerservice@lakecityservicing.com.

Signature	Signature	Date
Agreed Upon Amount and Terms		
My account will be debited on the _ day of ea		s on a weekend or holiday, starting
Monthly payment amount	: \$	
Total amount to be drafted from my account:	\$ On Date:	