CONSUMER AUTOPAY AUTHORIZATION FORM

Did you know that you can set up AutoPay online? Visit www.flagstar.com/myloans, sign in & click AutoPay.

NUMBER

STEP 1: CHOOSE THE START DAY PAYMENT TRANSACTION WILL BE MADE MONTHLY (SELECT ONE): ON MY DUE DATE **DAY OF MONTH*** *The date you choose must be within your grace period or your request to set up AutoPay will be denied. Please refer to your billing statement for your grace period under amount due. When your selected date falls on a weekend or holiday, the debit entry will occur on the following business day. **STEP 2: ADD YOUR BANKING INFO** To avoid delays, please double check for accuracy. You may also attach a voided check or deposit slip to help us confirm your information is correct. Please note: If the name(s) on the bank account do not match the name(s) on the loan, attaching a voided check or deposit slip is REQUIRED (temporary checks not accepted). And, don't forget to keep a copy of this for your records. ACCOUNT TYPE: CHECKING **SAVINGS MONEY MARKET ACCOUNT** ABA ROUTING NUMBER: _ NUMBER: _ FINANCIAL INSTITUTION'S NAME: _____ LOAN NUMBER: __ I hereby authorize Flagstar Bank and its respective successors, assigns, and service providers (collectively referred to as ("Flagstar Bank") to initiate automatic, recurring debit entries once per month equal to the required monthly payment amount of principal and interest specified in my loan documents and recent billing statement (including applicable insurance advance) from my checking, savings or money market account at my financial institution (such automatic payments referred to as ("AutoPay"). There is no fee to have my monthly loan payment debited from my account. I acknowledge that the origination of debit transactions to my account must comply with the provisions of U.S. law. I acknowledge that Flagstar Bank may disclose information to third parties about my account or the transfers I make where it is necessary for completing transfers, to verify the existence or condition of my account, to comply with government agency or court orders, or as otherwise required or permitted by applicable law, or if I give my written permission. I acknowledge that I am granting this authorization voluntarily, not as a required condition of my loan, and that I may terminate it by following the instructions provided herein. ACCOUNT HOLDER'S NAME: **ACCOUNT HOLDER'S** SIGNATURE: DATE: **CO-ACCOUNT HOLDER'S NAME:** CO-ACCOUNT HOLDER'S SIGNATURE: DATE: NUMBER LOCATION 1:001530153 ::123456789 1:123 REMINDER **ROUTING ACCOUNT CHECK**

NUMBER

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STEP 3: ADD A LITTLE EXTRA (OPTIONAL)

ADD ADDITIONAL AMOUNT TO YOUR PRINCIPAL

I elect to have an amount drafted that is greater than my monthly payment including applicable insurance advance. I understand that additional amounts will be applied as principal subject to payment of all past due amounts. I understand that a recurring draft may only occur once per month for an amount not to exceed \$99,999.00.



Terms and Conditions

If I have a loan that has an insurance advance, my total monthly payment amount may vary with changes to my insurance advance. I understand that Flagstar Bank will send me a written notice that reflects my changed payment amount at least 10 days before my next scheduled due date. This authority is voluntary and will remain in effect until I notify Flagstar Bank of my desire to cancel at least 3 business days prior to the next payment draft date or until I receive written notification from Flagstar Bank. I also have the right to stop payment by notifying my financial institution either verbally or in writing at least 3 business days before the next payment draft date. I understand that if I stop a payment, I am terminating AutoPay and my monthly loan payments will no longer be debited from my account. I understand I may be assessed a fee for a payment returned unpaid. If my AutoPay payment is returned unpaid, Flagstar Bank may choose to collect such fee electronically, and if Flagstar Bank chooses to do so, I authorize Flagstar Bank to make an electronic funds transfer from my designated account to collect a fee of up to \$30.00 in accordance with my loan documents. I also understand I may be assessed a late charge for a missed payment or a payment that is paid after the date it is due (including after any grace period). If my payment is late, Flagstar Bank may choose to collect such late charge electronically, and if Flagstar Bank chooses to do so, I authorize Flagstar Bank to make a one-time electronic funds transfer from my designated account to collect such late charge in accordance with my loan documents. *Please allow 30 business days for the processing of your authorization form. Please continue to make your payments until you are notified in writing when the first debit entry will begin. Once payments begin, you will receive a monthly account statement showing the amount debited for your loan payment unless there are no transfers in a particular month. In case of errors or questions about your electronic loan payment, please call us at 833-755-2085. Our business hours are Mon through Fri from 7 a.m. to 8 p.m. (CT). You may also write to us at: Flagstar Bank ATTN: Notice of Error/Information Request, PO Box 619098, Dallas, TX 75261

PLEASE COMPLETE THIS ENTIRE FORM, SIGN, DATE AND MAIL OR FAX IT TO:

Flagstar Bank ATTN: Account Services 8950 Cypress Waters Blvd. Coppell, TX 75019

Fax: 972-966-4930