



# flagstar

8950 Cypress Waters Blvd.  
Coppell, TX 75019

## OUR INFO

ONLINE

[www.myloansflagstar.com](http://www.myloansflagstar.com)

Thanks for requesting to enroll in Biweekly AutoPay. We're happy to set that up for you. Please review the enclosed Biweekly AutoPay Authorization Form carefully, then return a signed copy to us at the address below.

### 3 Important Things to Know Before You Enroll:

With Biweekly AutoPay, your mortgage payment is automatically broken into two half-payments processed every other Friday. Due to the nature of this payment schedule, there are a few important things to keep in mind:

1. With Biweekly AutoPay, **you are always paying toward the following month** (i.e., the two withdrawals made during June will be applied to your July payment). Because of this, your first month on Biweekly AutoPay may feel like you're making the equivalent of two full mortgage payments.
2. Your half-payments will be drafted every other Friday for a total of 26 withdrawals a year. **This means there will be two months during the year when three half-payments will be withdrawn.** This third payment will be applied directly to principal.
3. **Processing your enrollment could take up to 30 days.** In the meantime, please continue making your payments like normal. We'll send you written confirmation when everything is ready.

If you have any questions, please contact our Customer Service Department at 833-755-2085 or via mail at Lake Vista 4, 800 State Highway 121 Bypass, Lewisville, TX 75067. Our hours of operation are Monday through Friday from 7 a.m. to 8 p.m. (CT). Visit us on the web at [www.myloansflagstar.com](http://www.myloansflagstar.com) for more information.

Sincerely,

Flagstar Bank

**The following disclosure is made pursuant to the requirements of the Fair Debt Collection Practices Act or other law or regulation; Nationstar Mortgage LLC d/b/a Flagstar Bank is servicing your mortgage loan on behalf of Flagstar Bank and is considered a debt collector. This document is an attempt to collect a debt, and any information obtained will be used for that purpose. Note: If your obligation has been discharged in bankruptcy, is subject to the automatic stay or is provided for in a confirmed plan, this communication is for regulatory compliance and/or informational purposes only, and does not constitute an attempt to collect a debt or to impose personal liability for such obligation.**



If you are a successor in interest (received the property from a relative through death, devise, or divorce, and you are not a borrower on the loan) that has not assumed, or otherwise become obligated on the debt, this communication is for informational purposes only and is not an attempt to collect a debt from you personally.



## Biweekly AutoPay Authorization Form

---

**Authorization.** By signing this Biweekly AutoPay Authorization Form, I hereby authorize Flagstar Bank and its respective successors, assigns, and service providers (hereinafter collectively called "Flagstar Bank") to initiate automatic, recurring debit entries every other Friday, for one-half ( $\frac{1}{2}$ ) of my monthly payment amount, equal to the required monthly payment amount of principal and interest specified in my loan documents and recent billing statement (including applicable Optional AutoPay Additional Principal Payments, as that term is defined below) from my checking or savings account at my financial institution designated below (such automatic payments referred to as "AutoPay"). A full monthly payment is posted to my account on the next business day following the second one-half ( $\frac{1}{2}$ ) payment draft. Under a Biweekly AutoPay plan, there are 26 withdrawals a year. I acknowledge that there are two (2) months during the year when a third one-half ( $\frac{1}{2}$ ) payment will be drafted and posted to my account, as a principal payment.

I acknowledge that the origination of debit transactions (also referred to as "automated clearing house" or "ACH" transactions) to my designated account must comply with the provisions of U.S. law. I acknowledge that Flagstar Bank may disclose information to third parties about my loan account, my designated account or my AutoPay transfers, where it is necessary for completing transfers, to verify the existence or condition of my designated 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 this authorization also permits Flagstar Bank to initiate credit entries to my designated account, if required, to correct any debit entry processing errors.

I acknowledge that I am granting this authorization voluntarily, not as a required condition of my loan, and that I may revoke this authorization by following the instructions below. Flagstar Bank may revoke this agreement as well, upon written notification. There is no fee for revoking this agreement. I understand that upon revocation, payments will resume their normal schedule and I must make monthly payments, as outlined in my loan documents. I understand that this authorization applies only to the loan account referenced below. If I have multiple accounts, I must separately authorize AutoPay payments for each loan account.

**Payment Amounts.** This Biweekly AutoPay authorization is for the loan payments and additional principal payments, if selected, as described below. I understand that my AutoPay payment amount (including any Optional AutoPay Additional Principal Payments) may not exceed \$99,999.00 in any month. My AutoPay payments will begin on the start date identified in my AutoPay confirmation.

My Authorization permits Flagstar Bank to initiate debit entries to my designated account for the monthly payments due on my loan, plus any late or returned payment, other fees and charges, any applicable optional insurance that may be due on my loan, and any Optional AutoPay Additional Principal Payments that I have authorized (collectively called the "AutoPay Loan Payment Amount"), on the AutoPay payment date. If I have a variable rate loan, my principal and interest may vary with changes to my interest rate. Additionally, if I have a loan that is escrowed for taxes and/or insurance, my total monthly payment amount may vary with changes to my escrow payments. 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. I understand that my first AutoPay Loan Payment Amount will be the Total Payment amount showing on the AutoPay confirmation that I will receive from Flagstar Bank.

**Revocation and Stop Payment.** The authority granted in this Biweekly AutoPay Authorization Form is voluntary and will remain in effect until I notify Flagstar Bank of my desire to cancel or revoke, at least 3 business days prior to the next AutoPay payment date, or until I receive written notification from Flagstar Bank. I understand that if I revoke my authorization for AutoPay payments, I am revoking my authorization for all AutoPay payment amounts (including Optional AutoPay Additional Principal Payments) for the loan account identified in this Biweekly AutoPay Authorization Form. I also have the right to stop payment by notifying the financial institution where I maintain my designated account either verbally, or in writing, at least 3 business days before the next AutoPay payment date. I understand that if I stop a payment, I am terminating this Biweekly AutoPay Authorization Form and my authorization for such payments hereunder and my AutoPay payments will no longer be debited from my designated account by Flagstar Bank. If I choose to stop payment directly with my financial institution, I will notify Flagstar Bank.

**Fees and Charges.** I understand that I may be assessed a fee for a payment returned as unpaid from my financial institution. 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 \$50.00, in accordance with my loan documents.

I also understand that 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 an electronic funds transfer from my designated account to collect such late charge in accordance with my loan documents.

**Additional Information.** Please allow up to thirty (30) business days for the processing of this Biweekly AutoPay Authorization Form and for your authorization hereunder to take effect, as the next payment due date on the loan must be for the following month.



Please continue to make your loan payments until you are notified in writing when the first debit entry to your designated account will begin. Once such AutoPay 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 AutoPay payment, please call us at 833-755-2085. Our hours of operation are Monday through Friday from 8 a.m. to 5 p.m. (CT). You may also write to us at:

Flagstar Bank  
Attn: Notice of Error/Information Request  
PO Box 619098  
Dallas, TX 75261

**What I need to do to set up AutoPay.** Please read and complete the information requested on all pages of this Biweekly AutoPay Authorization Form, sign and date at the bottom, and return a completed copy to us via one of the following methods:

Flagstar Bank  
Attention: Account Services  
8950 Cypress Waters Blvd.  
Coppell, TX 75019  
Fax: 214-222-6053  
Email: [research.incoming@myloansflagstar.com](mailto:research.incoming@myloansflagstar.com)

**PLEASE KEEP A COPY OF THIS BIWEEKLY AUTOPAY AUTHORIZATION FORM AND THE AUTOPAY CONFIRMATION YOU WILL RECEIVE FROM FLAGSTAR BANK FOR YOUR RECORDS.**



**All Information Below Must Be Completed**

**Loan Account Information**

Loan Account Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Monthly Loan Payment Amount: \_\_\_\_\_

Monthly Loan Payment Due Date (day of the month your monthly payment is due): \_\_\_\_\_

First payment transaction will be made on this day (select one):

☐

1<sup>st</sup> Friday of the month

☐

2<sup>nd</sup> Friday of the month

Choose your first Biweekly draft date (**insert date**) \_\_\_\_\_.

**Note:** Your first Biweekly draft date needs to align with the day of the week you selected.

☐

**Optional AutoPay Additional Principal Payments:** I elect to have the amount designated below ("Optional AutoPay Additional Principal Payment"), an amount that will be included in my AutoPay Loan Payment Amount (as that term is defined above within the "Payment Amounts" section), debited from my designated account with each transaction. The amount designated below is in addition to the one-half (½) payment draft. I understand that additional amounts will be applied as principal, subject to payment of all past due amounts. Additional draft amount per debit: \$ \_\_\_\_\_.

**Deposit Account Information for AutoPay**

Please attach a voided check or ACH instructions from your financial institution to this Biweekly AutoPay Authorization Form and ensure that your bank account and routing numbers are identified on your voided check or ACH instructions. Also, please note that we cannot accept temporary checks.

Locate the numbers on your voided check or ACH instructions and enter them in the fields below. To avoid delays in processing your AutoPay authorization, please be sure to confirm that the numbers are accurate.

Account Type: ☐ Checking ☐ Savings ☐ Money Market

Account Number: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_

Financial Institution's Name: \_\_\_\_\_

**By signing below, I certify that I am either an account holder or authorized to withdraw funds from the account identified above:**

Account Holder's Name: \_\_\_\_\_

Account Holder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Account Holder's Name: \_\_\_\_\_

Co-Account Holder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return a completed copy of this Biweekly AutoPay Authorization Form via one of the following methods:

**Mail:**

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

**Fax:**

214-222-6053

**Email:**

research.incoming@myloansflagstar.com