



Authorization Form for Automatic Payment

I/We authorize Marix Servicing LLC ("Marix") to deduct my/our monthly mortgage payment from my/our checking or savings account. I/We understand that monthly deductions will continue until Marix is notified in writing by me/us to discontinue this service.

I/We understand that I/we need to notify Marix in writing to discontinue this service at least two weeks prior to paying off this loan. I/We also understand that Marix may discontinue this service at any time my/our bank is unable to make this deduction for funds unavailability two (2) times within a six month period. I/We understand this failure will require that I/we remit my/our payment via certified funds. I/We also understand that my/our account information is available by calling the Marix Contact Center at 1-866-406-2749 or go to www.marixservicing.com and click on the Borrower Services tab to register for Marix Servicing Online.

I/we understand that we will continue to receive billing statement so that I/we are aware of the ongoing status of the loan account.

Please debit from my/our checking or savings account on the (day circled):

1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th

of each month. Payments due on a weekend or holiday will be drafted on the next business day.

Please draft an extra _____ every month to apply to my/our remaining principal balance. The extra amount requested to be applied to principal will not change even if my/our monthly mortgage payment changes due to escrow or interest rate changes, if applicable, unless Marix is informed in writing by me/us.

Name

Date

Print Name Legibly

Loan Number

Signature

Date

Print Name Legibly

Send this form with a voided check for the account you would like debited to:

Marix Servicing
Attn: ACH
PO Box 42008
Phoenix, AZ 85080

Notice: This is an attempt to collect a debt and any information obtained will be used for that purpose.