

# FOREIGN NATIONAL ACH ENROLLMENT AND AUTOMATIC PAYMENT AUTHORIZATION

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FIRST COMMUNITY MORTGAGE, INC. • NMLS ID# 629700 • 262 ROBERT ROSE DRIVE, MURFREESBORO, TN 37129

Complete this form to authorize automatic monthly mortgage payments by Automated Clearing House (ACH) debit. This form applies to loans originated under the Foreign National loan program and **may only be used with a deposit account held at a financial institution located in the United States**. Print clearly in blue or black ink, or complete electronically, and sign where indicated. Incomplete forms cannot be processed. **Enrollment in the automatic payment program is voluntary.** By signing this form, you elect to enroll and authorize the debits described below.

## SECTION 1 — BORROWER INFORMATION

|                                                                                 |                                                            |                               |  |
|---------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------|--|
| LOAN NUMBER                                                                     | BORROWER NAME (FIRST, MIDDLE, LAST — AS SHOWN ON THE NOTE) |                               |  |
| <input type="text"/>                                                            | <input type="text"/>                                       |                               |  |
| CO-BORROWER NAME (IF APPLICABLE)                                                |                                                            |                               |  |
| <input type="text"/>                                                            |                                                            |                               |  |
| SUBJECT PROPERTY ADDRESS (STREET)                                               |                                                            |                               |  |
| <input type="text"/>                                                            |                                                            |                               |  |
| CITY                                                                            | STATE                                                      | ZIP CODE                      |  |
| <input type="text"/>                                                            | <input type="text"/>                                       | <input type="text"/>          |  |
| MAILING ADDRESS (STREET, CITY, STATE, ZIP) — IF DIFFERENT FROM SUBJECT PROPERTY |                                                            |                               |  |
| <input type="text"/>                                                            |                                                            |                               |  |
| DAYTIME PHONE NUMBER                                                            |                                                            | EVENING / MOBILE PHONE NUMBER |  |
| <input type="text"/>                                                            |                                                            | <input type="text"/>          |  |

## SECTION 2 — U.S. FINANCIAL INSTITUTION AND ACCOUNT INFORMATION

*U.S. institutions and U.S. accounts only*

|                                                                                                                        |                      |                                               |
|------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------|
| NAME OF U.S. BANKING INSTITUTION                                                                                       |                      |                                               |
| <input type="text"/>                                                                                                   |                      |                                               |
| FINANCIAL INSTITUTION ADDRESS (STREET, CITY, STATE, ZIP)                                                               |                      | FINANCIAL INSTITUTION PHONE NUMBER            |
| <input type="text"/>                                                                                                   |                      | <input type="text"/>                          |
| ACH ROUTING NUMBER (9 DIGITS)                                                                                          | ACCOUNT NUMBER       | NAME(S) EXACTLY AS THEY APPEAR ON THE ACCOUNT |
| <input type="text"/>                                                                                                   | <input type="text"/> | <input type="text"/>                          |
| ACCOUNT TYPE — SELECT ONE (REQUIRED)                                                                                   |                      |                                               |
| <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS — <i>U.S. accounts in the borrower's name only.</i> |                      |                                               |

### \*\*\* THIS FORM MUST BE ACCOMPANIED BY ACCOUNT VERIFICATION \*\*\*

For a checking account, attach a pre-printed voided check. For a savings account, or if a voided check is unavailable, attach a bank-issued account verification letter or direct-deposit form showing the account holder name, routing number, and account number. Starter checks and deposit slips are not accepted.

## SECTION 3 — ACH DEBIT AUTHORIZATION

I/We hereby authorize **First Community Mortgage, Inc.**, including its successors, assigns, and servicing agents (the "Initiating Party"), to initiate electronic debit entries from the checking or savings account at the U.S. financial institution identified above for the purpose of making my/our monthly mortgage payment, and to initiate credit entries or adjustments to correct any debit made in error. Payments will be deducted on the payment due date indicated in the Note. I/We authorize the amount of each transfer to include my/our regularly scheduled payment, including principal, interest, and escrow items; reimbursement of corporate advances; and the cost of any services I/we request.

I/We understand that, in accordance with the terms of the mortgage Note and/or adjustments to the escrow account for taxes and insurance, the payment amount may change from time to time as set forth in the loan documents. The Initiating Party is authorized to change the amount of the debit accordingly, provided that notice of the new payment amount is given at least ten (10) days prior to the draft date. I/We agree that the payment change notice provided under the adjustable-rate provisions of the Truth in Lending Act and/or the annual escrow account statement shall constitute notice of payment change as required by the Electronic Fund Transfer Act and Regulation E (12 C.F.R. Part 1005).

This authorization shall remain in full force and effect until revoked in writing. Written revocation must be received by the Initiating Party no less than fifteen (15) business days before the date it is to take effect. I/We will notify the Initiating Party immediately if I/we change financial institutions, change accounts within the same financial institution, or wish to revoke this authorization. I/We acknowledge that enrollment is voluntary, that a debit returned for insufficient or uncollected funds may result in a returned-item fee and late charges as permitted by the loan documents and applicable law, and that repeated returned items may result in termination of automatic payment enrollment. I/We acknowledge receipt of a copy of this authorization.

## SECTION 4 — AGREEMENT AND SIGNATURES

**I/WE HEREBY AGREE TO THE TERMS AND CONDITIONS SET FORTH IN THIS FORM** and authorize the electronic debits described above. I/We understand that this authorization is governed by the Electronic Fund Transfer Act, Regulation E, and applicable NACHA Operating Rules.

BORROWER SIGNATURE

CO-BORROWER SIGNATURE

PRINTED NAME

DATE

PRINTED NAME

DATE