SouthTrustBank

FOR DIRECT LOAN PAYMENT VIA ACH (ACH DEBITS)

I (we) hereby authorize SouthTrust Bank, N.A. ("COMPANY") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

☐ Checking Account

☐ Savings Account

from the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions authorized herein shall comply with all applicable law.

Depository Bank/Branch Office   **Address**

City   **State**   **Zip**

Depository's Transit Routing Number

Account Number

Name(s) On Account   **Address**

City   **State**   **Zip**

Loan Number: _____

Amount of Debit(s): _____

Beginning Date: _____

Frequency of Debit(s): _____

I (we) understand that this authorization shall remain in full force and effect until Southtrust Bank has received written notification from me (or either of us) of its revocation. I (we) understand that SouthTrust Bank will require at least 4 days prior notice in order to cancel this authorization.

_____   _____
Signature   **Date**

_____   _____
Revoked By   **Date**

Revised 05/2016