AMERINAT®

NATIONWIDE LOAN SERVICING

MONTHLY AUTOMATIC PAYMENT PROGRAM

Do you want to save time and postage every month?
Sign up for ACS's Free Automatic Payment Program.

How does the program work?
Once you sign up, we will automatically deduct your loan payment from your checking or savings account on or near the 5th, 10th, 15th, or 20th of each month (if the date is on a holiday or weekend, the deduction will be the following business day). If a draft date is not selected, the 5th will be used.

What are the advantages?
Automatic Payments means NO Stamps, NO Checks, and NO Worries. You'll have peace of mind knowing your monthly payment has been made automatically and on time.

Can I cancel my service?
The automatic payment service can be cancelled by sending us a written request 30 days prior to your next due date, to the address listed below.

How can I begin this convenient service?
Just fill out the authorization agreement and return it to PO Box 123, Downey, CA 90241.
Please enclose a voided blank check or a savings deposit slip (Savings Account only) with the authorization agreement.
The authorization agreement and your voided check or deposit slip will give us information needed to set up and begin this service.

We will notify you in writing when your drafting will begin. Until you are notified, please continue to mail your payments to ACS. Only current accounts will be set up, all past due payments must be made prior to beginning drafting.

If you have any questions, please contact us at 800-943-1988 and a Customer Service Representative will be able to further assist you.

AUTHORIZATION AGREEMENT FOR MONTHLY AUTOMATIC PAYMENT

Loan Number _____ Property Address _____

I (we) hereby authorize AmeriNat, and its successors, assigns, authorized agents or any entity servicing my loan on their behalf (hereinafter called The Servicer) to initiate loan payment debit entries to my (our) Checking or Savings Account indicated below and the depository named below to debit the same to such account. I (we) understand that if any debit entries under this authorization are returned for insufficient funds (NSF) or otherwise dishonored, I (we) will promptly send The Servicer the total monthly payment due, plus any late charge(s) or other fees due under my loan. Auto Payments will stop until payment is received. I understand that if I incur 3 insufficient fund returns in a 12 month period, my automatic payment service will terminate.

Depository Institution Information:

Name _____ Branch _____

City _____ State _____ Zip _____

Account No. _____ Bank Phone No. _____

Checking ☐ Savings ☐ Transit Number ☐☐☐☐☐☐☐☐☐

This authorization is to remain in full force and effect until The Servicer has received written notification from me (us) of its termination in such time and in such manner as to afford The Servicer a reasonable opportunity to act upon it. The Service may terminate this agreement at anytime, with written notice sent to me.

Name _____ Payment Amount $ _____
(Please Print)

Name _____ Draft Date _____
(Please Print)
5th, 10th, 15th or 20th; **If not selected, the 5th will be used**

Signed _____ Date _____

Signed _____ Date _____

(800) 943-1988 • (562) 927-6686 • Fax: (562) 927-3578 • 8121 E. Florence Avenue, Downey, CA 90240 • www.amerinatls.com

Quality Through Innovation and Experience