

Dear Borrower,

Enclosed you will find an authorization form which will allow us to automatically debit your bank account for your monthly mortgage payment. If you are interested in this free service, please read the following Terms of Service for Monthly Automatic Payments, then fill out the enclosed authorization form and fax it to us at (800) 880-0639 or return it to our Customer Care Department at:

New American Funding, LLC
P.O. Box 170581
Austin, TX 78717-0031

Terms of Service for Monthly Automatic Payments

- After you enroll for monthly automatic payments, you will be notified of the date of the first automatic payment. **You must continue to make your monthly payments via check or other means until you receive such notification.** If you do not have a coupon, you may mail your payment to the address below to the attention of "Cashiers". Please be sure to include your loan number on the check.
- Monthly automatic payments will be made from your bank account in accordance with the selected date you provide. Allowable draft dates can be from the 1ST of the month through the 15TH. You may request to change this date in the future.
- Each automatic payment will withdraw from your bank account the Regular Monthly Payment amount that is due for that month, as shown on your Mortgage Account Statement. If your loan is escrowed or is an interest only loan, a buydown loan, or an ARM loan and there is a change in the monthly payment, the amount of the automatic payment will be the new Regular Monthly Payment amount that is shown on your Mortgage Account Statement. Fees will not be withdrawn from your bank account through automatic payments.
- In the attached authorization form, you may specify the month that you would like for automatic payments to begin. The authorization form must be received in our office by the tenth (10TH) of the month prior to your requested start month. If the form is received after the tenth (10TH), the start date for the automatic payments will be delayed one month.
- You agree to contact your financial institution to verify that the bank account information in the authorization form is correct.
- To make any changes to your bank account number or routing number, please submit a new authorization form to the Customer Care Department at the address or fax number above or by logging in to your account online at www.newamericanfunding.com and clicking on the 'Manage My Loan' link, Please indicate the month you

want the change to become effective. Please be advised that the change must be received in our office by the tenth (10TH) of the month prior to that effective date, otherwise it will be applied to automatic payments in the following month. You can obtain a new authorization form by contacting our Customer Care Department.

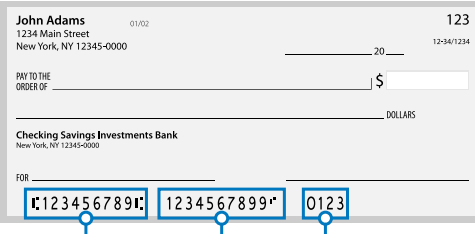
- You may cancel this service by notifying the Customer Care Department at least thirty (30) days prior to the date you would like the cancellation to be effective. You may contact the Customer Care Department at the address or fax number above, or by calling (800) 893-5304.
- If an automatic payment request is not honored by your financial institution, New American Funding will not consider the payment to be made and you will be required to make the payment using another payment method, such as a check. We may, in our sole discretion, resubmit the automatic payment request for payment by your financial institution.
- If two payments of any kind (check, monthly automatic payment, etc.) are dishonored by your financial institution within a rolling six (6) month period, you will be required to make payments for the next six (6) months using certified funds (certified check, money order or wire transfer). If this occurs, you will be notified that payment by certified funds is required and your account will be removed from the monthly automatic payment program immediately. After the expiration of the six (6) month period during which payment by certified funds is required, you may re-enroll for the automatic monthly payment program by completing a new authorization form. You can obtain a new authorization form by contacting our Customer Care Department.
- New American Funding, in its sole discretion, reserves the right to remove any loan account from the monthly automatic payment program at any time.
- You have the right to receive notice of all varying transfers.
- You have 60 days from the date of the payment to notify New American Funding of any errors related to an automatic payment under this agreement.
- New American Funding will not be liable for any exemplary, special, consequential, punitive, indirect or incidental damages, regardless of whether any claim is based on contract or whether any such damages were foreseeable.

Please Retain For Your Records

MONTHLY AUTOMATIC PAYMENT AUTHORIZATION FORM

<input type="text"/>	<input type="text"/>	<input type="text"/>
LOAN NUMBER	BORROWER FULL NAME	CO-BORROWER FULL NAME

Enter the information below for the bank account from which you would like monthly automatic payments to be made:

 <p style="text-align: center;">Example Check</p>	<p>ACCOUNT TYPE: (SELECT ONE)</p> <p style="text-align: right;">CHECKING ACCOUNT</p> <p style="text-align: right;">SAVINGS ACCOUNT</p> <p><input type="text"/></p> <p>DEPOSITORY ABA / ROUTING NUMBER (MUST BE 9 DIGITS)</p> <p><input type="text"/></p> <p>ACCOUNT NUMBER (DO NOT INCLUDE CHECK NUMBER)</p> <p><input type="text"/></p>
<p>Routing # Account # Check #</p>	
<p>PLEASE DO NOT ATTACH VOIDED CHECK OR DEPOSIT SLIP.</p>	

<input type="text"/>	<input type="text"/>
DEPOSITORY NAME	DEPOSITORY PHONE NUMBER

If you wish to have additional principal debited from your account in addition to your regular monthly payment, indicate the additional amount to apply to principal *per each draft*.

<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTH TO START PROGRAM	DAY OF MONTH FOR PAYMENT DRAFT	ADDITIONAL PRINCIPAL *PER EACH DRAFT*

This form must be received in our office by the 10th of the month prior to the requested start month. You will be notified of the date of the first automatic payment.

If this form is returned with incomplete information, we will be unable to process your request and the form will be returned to you for correction.

As a convenience to me, I authorize New American Funding to make authorized electronic fund transfers from my account identified above. By signing below, I understand and agree to the Terms of Service for Monthly Automatic Payments.

<input type="text"/>	<input type="text"/>
SIGNATURE	DATE

NAME (PLEASE PRINT)