

CONSUMER AUTHORIZATION FOR DIRECT DEPOSIT VIA ACH (ACH CREDIT)

I (we) hereby authorize New American Funding, LLC, ISAOA/ATIMA ("COMPANY") to electronically credit my (our) account (and, if necessary, to electronically debit my (our) account to correct erroneous credits) as follows:

SELECT ONE CHECKING ACCOUNT
 SAVINGS ACCOUNT

at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

DEPOSITORY NAME

ROUTING NUMBER

ACCOUNT NUMBER

NAME(S) ON THE ACCOUNT

I (we) understand this authorization will remain in full force and effect until I (we) notify COMPANY by calling Customer Care at +1 (800) 893-5304 or emailing CustomerCare@nafinc.com that I (we) wish to revoke this authorization. I (we) understand COMPANY requires 10 business days to cancel this authorization.

LOAN NUMBER

PROPERTY ADDRESS

CITY

STATE

POSTAL CODE

SIGNATURE

DATE

SIGNATURE

DATE

NAME (PLEASE PRINT)

NAME (PLEASE PRINT)

Submit completed payment forms to <https://www.newamericanfunding.com/myloan/#upload>