Form
Direct Deposit Authorization Form

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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@naf.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

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PO Box 170581, Austin, TX 78717-0031 Telephone: 1-800-893-5304 | Fax: 1-800-880-0639 | TTY/TDD: 1-844-249-9633. 03/2026.