

Automatic Withdrawal Authorization

**AUTHORIZATION AGREEMENT FOR ALLEGRO ESCROW SERVICES, A DIVISION OF EVERGREEN NOTE SERVICING,
TO INITIATE AUTOMATIC CLEARING HOUSE (ACH) DEBITS**

I authorize Allegro Escrow Services, a Division of Evergreen Note Servicing ("ALLEGRO"), to initiate Automatic Clearing House (ACH) debits from my designated bank account at the financial institution identified below. I authorize ALLEGRO to debit my designated bank account according to the schedule of debits provided to ALLEGRO by me or on my behalf or as otherwise provided by agreement. I understand that debits will be withdrawn on the due date unless otherwise indicated and that sufficient funds must be available in my designated account two (2) business days prior to the actual date of the debit (if the due date falls on a weekend or holiday, funds will be withdrawn and credited on the following business day). ALLEGRO may adjust the amount being debited from designated bank account to reflect changes/other provision of my contract, though balloon payments will not be withdrawn from the account. This authorization is to remain in force until the schedule of debits is completed or until ALLEGRO has received written notification from me of a change or termination allowing no fewer than five (5) business days for ALLEGRO to act. ALLEGRO may discontinue this service at its discretion after providing written notification thirty (30) days in advance or immediately upon receiving notification of a returned/rejected payment from my bank. ALLEGRO shall not be required to provide advanced notice when advanced notice is impossible. ALLEGRO is not liable to any person for not completing a transaction as a result of any limit on my designated bank account, or if a financial institution fails to honor any debit from such account. I understand that it is my responsibility to notify ALLEGRO immediately if a scheduled debit does not occur. I authorize ALLEGRO to recover funds in the event of an error or in the event that a prior debit is returned for any reason, including non-sufficient funds.

Allegro Account Number: _____

Payor Name: _____

Debit Monthly Beginning: ____/____/____

Bank Name _____ Bank Telephone # _____

Bank Address _____

Bank Routing # _____ Bank Account No. _____

Type of Account: Checking Savings Debit Amount: \$ _____

Payor Signature _____ Date _____

Payor Signature _____ Date _____

Payor Phone _____ Payor Email _____

Bank Account Owner Signature _____ Date _____

Bank Account Owner Signature _____ Date _____

Bank Account Owner Phone _____

Signatures are required from all Allegro account Payors. Signatures from all bank account owners are also required, if the bank account to be debited is not owned by the Allegro account Payors

When returning this agreement, *please include a voided check to ensure accuracy.*