



### Automatic Payment Authorization Form

Account Holder Name:			
Entity Address:			
Cell Phone:		Email:	
Bank Name:		Bank Address:	
ACH/Routing Number:			
Account Number:			
Loan Number:			

Monthly Loan Payment will be drawn from your bank account on the 1<sup>st</sup> day of each month. First Payment is due on: \_\_\_\_\_ 1<sup>st</sup>, 20\_\_ .

\*Please note that your financial institution may assess a fee for this transaction

I hereby authorize NY Principal Funding Corp including its successors and/or assigns, to initiate transfers from my checking or savings account at the financial institution indicated above for the purpose of making my monthly mortgage payment. I authorize the amount of each transfer to include my regularly scheduled payment including principal, interest and escrow items, reimbursement of corporate advances, optional insurance as applicable and the costs of any services I request.

I understand that, in accordance with the terms of my mortgage note and/or adjustments in my escrow for taxes and insurance, my payment may change from time to time as set forth in my loan documents. You are hereby authorized to change the amount of the draft from my bank account, provided that you notify me of the new payment amount at least 10 days prior to the draft date.

I HEREBY AGREE TO THE TERMS AND CONDITIONS IN THIS FORM.

\_\_\_\_\_  
Borrower's Signature                      Date: \_\_\_\_\_

\_\_\_\_\_  
Co-Borrower's Signature                      Date: \_\_\_\_\_