

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 1st day of each month. First

Payment is due on: _____ 1st, 20__ .

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

I authorize Tower Fund Capital and its affiliates, its successors and assigns, and any loan servicer or agent acting on behalf of the loan owner, to initiate electronic debit entries to my bank account through the Automated Clearing House (ACH) network for payments due under my loan agreement. This authorization shall remain valid and in full force if the loan is sold, transferred, or assigned to another entity, or if the servicing of the loan is transferred to another servicer.

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: _____