

ACH CREDIT AUTHORIZATION



I, THE UNDERSIGNED PARTY AUTHORIZED TO SIGN ON THE BANK ACCOUNT NAMED BELOW, AUTHORIZE DIA SERVICING, LLC, TO INITIATE AUTOMATIC CLEARING HOUSE (ACH) CREDITS TO MY DESIGNATED BANK ACCOUNT AT THE FINANCIAL INSTITUTION IDENTIFIED BELOW. THIS AUTHORIZATION PERTAINS TO THE SCHEDULE OF PAYMENTS DESCRIBED IN MY LOAN SERVICING AGREEMENT. I UNDERSTAND THAT THERE IS A TRANSIT TIME OF TWO (2) BUSINESS DAYS FOR THE TRANSFER OF FUNDS FROM DIA SERVICING, LLC, TO THE FINANCIAL INSTITUTION (IF THE DATE FALLS ON A WEEKEND OR HOLIDAY, FUNDS WILL BE CREDITED THE FOLLOWING BUSINESS DAY). THIS AUTHORIZATION IS TO REMAIN IN FORCE UNTIL THE SCHEDULE OF PAYMENTS IS COMPLETED OR UNTIL DIA SERVICING, LLC, HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF A CHANGE OR TERMINATION. DIA SERVICING, LLC, MAY DISCONTINUE THIS SERVICE AT ITS DISCRETION AFTER PROVIDING WRITTEN NOTIFICATION THIRTY (30) DAYS IN ADVANCE OR IMMEDIATELY UPON CREDIT RETURN FROM MY BANK. DIA SERVICING, LLC, SHALL NOT BE REQUIRED TO PROVIDE ADVANCED NOTICE WHEN ADVANCED NOTICE IS IMPOSSIBLE. I AUTHORIZE DIA SERVICING, LLC, TO RECOVER FUNDS IN THE EVENT OF AN ERROR OR IN THE EVENT THAT A NOTE ACCOUNT PAYER'S FUNDS ARE RETURNED FOR ANY REASON, INCLUDING NON-SUFFICIENT FUNDS. I AUTHORIZE DIA SERVICING, LLC, TO RELEASE TO THE FINANCIAL INSTITUTION INFORMATION THAT MAYBE REQUIRED TO RECOVER ANY ERRONEOUS FUNDS TRANSFERS.

BANK ACCOUNT NAME
(EXACTLY AS IT APPEARS ON STATEMENTS): _____

BANK NAME: _____

BANK ADDRESS: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE: CHECKING ☐ OR SAVINGS ☐

LENDER (BANK ACCOUNT HOLDER) SIGNATURE: _____
(SIGNATURE MUST BE INDIVIDUAL)

SIGNING ON BEHALF OF:

(NAME OF COMPANY/ENTITY)

DATE: