

## RECURRING PAYMENT AUTHORIZATION FORM

This form authorizes Tandem Servicing, LLC to automatically deduct your monthly loan payment from the financial

institution of your choice. Each billing period, your total pay applied to your monthly loan payment. Please be sure to rev drafted.	•
RETURNING CUSTOMERS	
If you already have an account on file, check this box and ver form below.	rify which account to use. Don't forget to sign and date this
Use a payment method on file for account ending	in
	LAST 4 DIGITS OF ACCOUNT NO.
NEW AUTHORIZATION FORM	
BILLING INFORMATION	ACCOUNT INFORMATION
Address	Name on Account
City/State/Zip	Bank Name
Phone	Bank City/State
Email	Account No.
Loan No.	Routing No.
	Account Type Checking Savings
total amount due on the day indicated below for payment of my monthly billing statement Servicing, LLC or until the associated loan matures or is paid off in its entirety. I further agri termination of this authorization at least 15 days prior to the next billing date. If the above executed on the next business day. For ACH debits to my checking or savings account, I un account as soon as the above noted periodic transaction dates. I understand that the amou	h month. Please indicate your loan type and payment  1st 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> day of each month.  the 3 <sup>rd</sup> 10 <sup>th</sup> 15 <sup>th</sup> day of each month.  accessors ("Lender") and the below named bank to automatically debit my bank account for the landerstand that this authorization will remain in effect until I cancel it in writing with Tande
process the charge again within 30 days and agree to an additional \$25 charge for each at recurring payment. I acknowledge that the origination of ACH transactions to my account	rempted returned NSF which will be initiated as a separate transaction from the authorized must comply with the provisions of US law. I certify that I am an authorized user of the above tion; so long as the transactions correspond to the terms indicated in this authorization form.
INTERNAL USE ONLY: Routing number   Account Number   A	ction Code 72 UDF 17 Verified by:Date: