

Recurring Payment Authorization Form

Truist Bank
Attn: Recurring RVW 3142
P.O. Box 26149 Richmond, VA 23260-6149
800.634.7928

Recurring Payments

Schedule your mortgage payment to be automatically debited each month from your checking or savings account. Just complete, sign and return this form to the address above or by fax: 844.217.5137.

Recurring Payments Will Make Your Life Easier

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How the Recurring Payment Works

You authorize a regularly scheduled debit to your checking or savings account. Your bank account will be debited the amount of your scheduled monthly payment for each billing period. A receipt for each payment will appear as transaction activity on your mortgage periodic billing statement. You agree that no prior-notification will be provided unless the payment amount changes, in which case you will receive notice at least 10 days prior to the new payment amount being debited. **You agree that by authorizing recurring payments that you are opting to not receive a paper statement. If you have questions, or would like to receive paper statements, please contact our Client Services department at 800.634.7928, Monday through Friday 8 a.m. to 8 p.m. and Saturday 9 a.m. to 3 p.m., ET. You can access your most recent statement by visiting suntrust.com/home-mortgages and signing on to your account.**

Please complete the authorization information below:

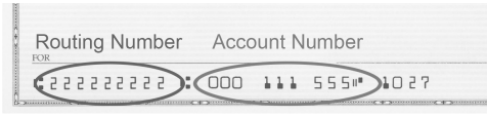
I _____ authorize Truist Bank ("Lender") to charge my bank account as requested below for the loan number _____:

- Month of 1st Draft _____
- Number of days after due date (no more than 15 days) _____

Optional: ONLY ENTER AN AMOUNT HERE IF YOU WANT TO INCLUDE ADDITIONAL PRINCIPAL

(Example: If you want to add \$200 to your monthly principal, enter \$200): \$ _____

Account Type:	☐ Checking	☐ Savings
Name on Acct:	_____	
Bank Name:	_____	
*Bank Routing #:	_____	
Account Number:	_____	
Bank City/State:	_____	



*If your account is held with a credit union, verify the routing and account numbers used for ACH drafting as they may be different than what is shown on your check or deposit slip.

Signature: _____

Date: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Truist Bank or its successors or assigns in writing of any changes in my bank account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted transaction date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, funds may be withdrawn from my account as soon as the above designated transaction date. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the Lender, may at its discretion, attempt to process the charge again within 30 days, and agree that an NSF charge may apply and be charged separate. I understand that if the deposit account does not have sufficient funds that the Lender may suspend efforts to debit and attempt to collect for the payment(s) due from the borrower(s). I agree that this is a recurring event that corresponds to the terms indicated in this authorization form and the amount drafted corresponds to my contractual mortgage payment which may change due to escrow or other items and that will be

shown on my monthly periodic billing statement for billing and receipt purposes. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.



Equal Housing Lender. Truist Bank - NMLS #399803.