

Automated Payments (ACH) - Customer Authorization

NOTE: This service is only available for current and performing loans that have not matured.

Your monthly payment can be automatically deducted from your checking or savings account on the same day each month using the Federal Banking System's ACH program. Simply complete the information below. Return this information to:

Fund That Flip Inc
1300 E 9th ST, STE 800
Cleveland OH 44114

Or

Email the filled out form & a bank statement to
payments@fundthatflip.com

Borrower Information

Name: _____

Account/Loan Number: _____

Borrower Address: _____

Phone Number: _____

E-mail Address: _____

Property Address: _____

Banking Account Information

Bank Name: _____

Bank Account Name: _____

Routing Number: _____

Bank Account Address: _____

Account Type (checking/savings) _____

Account Number: _____

PLEASE ATTACH A VOIDED CHECK OR A LETTER ON BANK LETTERHEAD INDICATING YOUR BANK ACCOUNT NUMBER AND BANK'S ABA NUMBER.

I/We hereby authorize a monthly ACH electronic debit from the account designated above to be paid to Lender, and its successors, assigns, and/or servicers, in payment of my/our monthly loan obligation, not to exceed the amount agreed to by me/us below. Provided however, if the required scheduled loan payment changes for any account related reason, including but not limited to change in principal balance, interest rate, or in required escrow/impounds, I/we authorize the debit amount to be adjusted accordingly. I/We acknowledge that this Authorization is transferrable to Lender's successors, assigns, and/or servicers.

In the event the Lender makes an assignment of the note to a new holder of the note, the new holder and its servicer are authorized, in the same manner as the Lender, to initiate a debit entry, or credit to my/our account at my/our bank.

I/We understand that should my/our bank dishonor my/our automated payment for insufficient or uncollected funds, the original amount, plus an additional non-sufficient funds (NSF) fee, as allowed by law, may be electronically debited from my/our account.

I/We authorize Lender, and its successors, assigns, and/or servicers, to debit my/our account consistent with the authorization until such time as I/we provide 15 days written notice to Lender, its successors, assigns, and/or servicers, of withdrawal of this authorization.

I/We am/are aware that in the event the ACH transfer fails for any reason, that I/we shall remain responsible for making the contractual payment(s) in a timely manner. It is further understood that Lender, and its successors, assigns, and/or servicers, shall not be liable for any damages or losses resulting from the failure of any ACH transfer.

NOTE: The electronic debit date cannot be changed with less than 15 days written notice prior to the next scheduled debit date.

Signature

Signature

Date

Agreed Upon Amount and Terms

My/Our account will be debited on the 1st day of each month, or the next business day if debit date falls on a weekend or holiday, starting: _____.

Monthly payment amount: \$ _____.

Total amount to be drafted from my/our account: \$ _____. On Date: _____.