

CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA CHECK BY PHONE

To authorize National Asset Mortgage, LLC to transfer funds from your account for the purpose of making a payment, please complete the blanks below. (This authorization is optional.)

Property Address: _____

I authorize NATIONAL ASSET MORTGAGE, LLC (“NAM”) to electronically debit my account per my request upon calling in to make a payment. I understand a Check By Phone payment will be created and funds will be debited from my account:

<input type="radio"/> Draft periodic payments as directed by me; or	<input type="radio"/> Draft the amount below automatically each month.	
Checking Account Number and Account Number	Routing Number	Account Number
<p><i>*Attach a voided check or authorized bank letter to this form. Do not use a deposit slip.</i></p>		
Name of your depository bank or financial institution		
I would like to authorize monthly debit in the amount of:	\$ _____	
Date of monthly debit	_____/_____/_____	

- This authorization applies to check-by-phone payments as well as any other electronic payment.
- I understand that this authorization will remain in full force and effect until I notify NAM in writing sent by regular mail that I wish to revoke this authorization. Any revocation should be mailed to P. O. Box 1517 Irmo, SC 29063. I understand that the Company requires at least thirty (30) days prior notice to cancel this authorization.
- I also understand that I am responsible for any fees relating to NAM’s Convenience Payment Methods, or any fees charged by my bank or credit card issuer. I understand that all fees are subject to change. Such fees are not applicable where prohibited by law.

Printed Name

Signature

Date