

## Online version of this form at: www.servicingpros.com – Resources – Forms – ACH Enrollment Form

## Authorization Agreement for Automatic Clearing House (ACH) Credits (Deposits) by Servicing Pros Inc.

To initiate Automatic Clearing House (ACH) credits, the signatures of all Servicing Pros account Lenders are mandatory. Kindly include a scanned voided check when returning this agreement to ensure accuracy.

By signing this agreement, I hereby grant authorization to Servicing Pros Inc. to initiate Automatic Clearing House (ACH) credits to my designated bank account at the financial institution specified below.

I understand that the credits will be executed on a date scheduled after a hold period after funds have been received by the parties on lenders behalf unless otherwise specified. In cases where the scheduled date falls on a weekend or holiday, the funds will be credited on the following business day.

This authorization will remain valid until the completion of the credits scheduled or until I provide written notification to Servicing Pros Inc., allowing a minimum of five (5) business days for them to act on the change or termination request. Servicing Pros Inc. reserves the right to discontinue this service at its discretion, providing written notification thirty (30) days in advance, or immediately upon receiving notification of a returned or rejected payment to my bank.

I acknowledge that Servicing Pros Inc. may not always be able to provide advanced notice due to certain circumstances. Furthermore, Servicing Pros Inc. shall not be held liable for any transaction not completed due to any limitations on my designated bank account, or if a financial institution fails to honor any credit to the account. I understand that it is my responsibility to inform Servicing Pros Inc. promptly if a scheduled credit does not occur.

Additionally, I grant Servicing Pros Inc. the authority to recover funds in the event of an erroneous transfer or borrowers' payment is returned for any reason, including non-sufficient funds.

Servicing Pros Account Number:		
Vesting on Deed of Trust or Assignment:		
Name on Bank Account		
Bank Name	Bank Telephone #	
Bank Address		
Bank Routing #	Bank Account No.	
Type of Account: Personal Checking Pe	ersonal Savings	
Type of Account: Business Checking B	usiness Savings	
(Currently no Custodian or Brokerage accounts	can have ACH)	
By signing below, I certify that I am the own	er of the above referenced bank account wit	th the authority to
authorize the requested Automatic Clearing House (ACH) credits or debits.		
Lender		
Signature	Date	
Lender Phone	Lender Email	

In the event of deposits (credits) to your account are returned or rejected for any reason - it is Servicing Pros Policy to cancel automatic ACH deposits. We will revert to physical mailing of checks for your deposits until a new submission for authorization of ACH Deposits is submitted.