

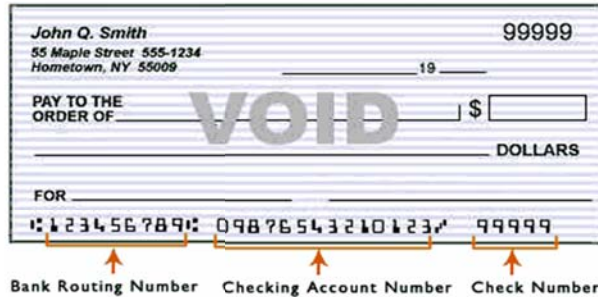
Welcome to Direct Debit (ACH/AFT)

To sign up for Direct Debit using this form, please do the following:

1. Type your information into this document to complete it.

You will be required to provide the following:

- First and Last Name
- Loan Number
- ABA/Routing Number
- Checking Account Number
- Amount and Frequency of debit



Where can I find my bank information?

Your bank routing and account numbers can be found at
The bottom of your check or by asking your financial institution.

2. Print the agreement form.

If you need a completed copy for your records, please print more than one copy. You will not be able to save a completed copy of this document to your hard drive.

3. Sign and mail, fax, or email the agreement form ONLY to:

EvaBank
Operations Department
1710 Cherokee AVE SW
Cullman, AL 35055

Fax: 256-255-2261

Email: payments@eva-bank.com

4. Please allow 5 days for Direct Debit to be setup.

Please make your next payment if your payment is due in less than 5 days.



Direct Debit (ACH/AFT)

Please fill out the information requested below and return to EvaBank:

Borrower Information

First Name _____

Last Name _____

Phone Number _____

Loan Number _____

What type of checking account will be debited? Business Personal

Payment Information

Bank or Financial Institution Name _____

ABA/Routing Number _____

Checking Account Number _____

Beginning Date _____

Payment Options

Monthly Installment Amount (based on your current repayment schedule)

Or Other Payment options

Monthly Installment Amount Plus the following **ADDITIONAL** amount \$ _____ *

*Only indicate the amount that is **above and beyond** your current installment amount.

Amount _____ Frequency _____ (weekly or bi-weekly)

OTHER Amount _____ Describe Frequency _____

Loan Recurring Direct Debit Authorization

I am aware, as the "Originator" on this agreement, that I must notify the "Originating Depository Financial Institution" (EvaBank) of any changes or any termination of pre-authorized payment/deposit in writing 10 days prior to the transaction date. I authorize EvaBank to change this amount if the required monthly payment changes due to changes in the loan payment or required escrow payment. I understand that I will be notified prior to any such change.

Borrower Signature _____ **Date** _____

OFFICE USE ONLY:

Entered by: Employee Initials: _____

Date: _____

Confirmed by: Employee Initials: _____

Date: _____