

Automated Payments (ACH) Customer Authorization

Save time and money by signing up for our new **Automatic Payment Plan**. For your convenience, and with the help of your bank, we can now automatically deduct your monthly payment from your checking account. No more checks to write! No more stamps to lick. Simply complete the information below and attach a voided check. **THIS INFORMATION WILL BE PLACED IN OUR FILE AND WILL ONLY BE USED WHEN REQUESTED BY YOU TO MAKE PAYMENT(S) BY PHONE. WITHOUT THIS COMPLETED FORM, WE WILL NOT BE AUTHORIZED TO DO SO, AND YOUR PAYMENT(S) WILL BE REQUIRED TO BE SUBMITTED BY MAIL OR WALKED INTO OUR OFFICE.**

Loan No. _____ / H- _____

Val-Chris Investments, Inc.
2601 Main Street, Suite 280
Irvine, CA 92614

Property: _____

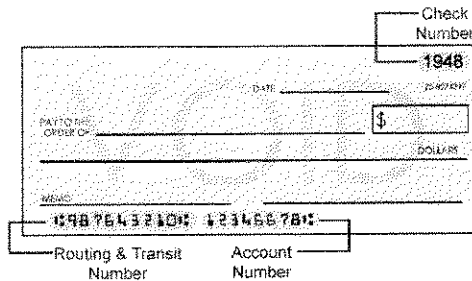
Phone: (949) 252-8020 • Fax: (949) 252-0154

Name			
Address	City	State	Zip Code
Phone Number	E-Mail Address		

Banking Information

Name of Primary Bank	Name of Account
Bank Representative	Bank Phone Number
Bank Routing Number (see example below)	Bank Account Number (see example below)

**PLEASE ATTACH A VOIDED
CHECK TO THIS FORM**



I hereby authorize a monthly ACH electronic debit from the account designated above to be paid to Val-Chris Investments, Inc., in payment for services rendered to me, not to exceed the amount agreed to by me below. I understand that a **\$5.00** transaction fee will be added for this convenient service. I further understand that should my bank dishonor my automated payment for insufficient or uncollected funds, the original amount, plus an additional \$25.00 NSF check fee may be electronically debited from my account. Should I need to revoke this authorization, I may call the Loan servicing Department at **(949) 252-8004 ext. 11 or 13**. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Signature	Date
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Agreed Upon Amount and Terms

My account will be debited on the _____ day of each month starting ____/____/____.

Monthly Payment Amount \$_____. Total amount to be drafted from my account \$_____.

Single Payment Amount \$_____. On Date: ____/____/_____.

I/WE WISH TO HAVE MY/OUR ACCOUNT DEBITED ON A ONE TIME ONLY BASIS OR I/WE WILL CALL MONTHLY WHEN MY/OUR ACCOUNT IS TO BE DEBITED.

(Signature) (Date) (Signature) (Date)