



Luther BurbankSM

Savings

Yes, please set up the automatic payment for my/our loan.

Complete all information below.

BORROWER INFORMATION

Borrower Name(s): _____

Daytime Phone: _____ Home Phone: _____ Email: _____

LOAN INFORMATION

Loan Number: _____ Property Address: _____

BORROWER ACCOUNT INFORMATION (FROM WHICH PAYMENTS WILL BE TAKEN)

I/we authorize Luther Burbank Savings (LBS) to draft my/our loan payment in accordance with this authorization agreement each month from the active account at my/our financial institution ("Bank") designated below.

Checking Account no.: _____ Savings Account no.: _____

Transit ABA/Routing no.: _____ Financial Institution: _____

PLEASE ATTACH A VOIDED CHECK FROM YOUR CHECKING ACCOUNT. If payment is to be drafted from a savings account, contact your financial institution to obtain the Transit/ABA Routing Number. Your financial institution must be a participant in the Federal Reserve Automated Clearing House.

I/WE CHOOSE THE FOLLOWING DRAFT DATE: (*check one*) 5th 10th 15th of the month. **We must receive this completed form by the 15th of the month prior to the month in which the automatic payments are to begin.** If the draft date falls on a weekend or legal holiday, the draft may occur on the following business day.

YOU MUST CONTINUE TO MAKE YOUR REGULARLY SCHEDULED PAYMENTS UNTIL PAYMENTS ARE DRAFTED FROM YOUR ACCOUNT.

AUTHORIZATION

I/We hereby authorize Luther Burbank Savings (LBS) to transfer funds, from my/our checking/savings account at the financial institution listed above to my/our loan account at LBS and if necessary, to make adjustment for any errors. LBS will be responsible for the transfer in accordance with this authorization. If the required monthly payment changes due to an escrow account analysis, interest rate change, this authorization shall be automatically amended to authorize transfer of an amount equal to the new payment including any applicable fees due. This authorization will remain in effect until LBS has received from me/us written notification of cancellation at least fourteen (14) business days in advance of the next automatic withdrawal date or until LBS has given me/us written notice of cancellation. I/We further understand and agree that in order for LBS to make automatic payments per this Authorization Agreement, I/We must have the full amount available in the checking/savings account shown above. I/We will be assessed a Non Sufficient Funds (NSF) fee and cancellation of my/our automatic payment may occur in the event that funds are not available. My/Our signature below acknowledges that I/we have received this agreement regarding the terms and conditions governing LBS electronic services. I/We acknowledge that the origination of an Automatic Clearing House (ACH) transaction to my/our account must comply with the provisions of U.S. law.

I/We hereby certify that at least one signer to the loan and all authorized signers to the deposit account have signed this Agreement. If additional space is required, please use the reverse side of this form.

Printed Name

Signature

Date

Printed Name

Signature

Date