

AUTHORIZATION FOR AUTOMATIC PAYMENTS

Guardian Savings Bank 2774 Blue Rock Rd., Cincinnati, OH 45239
Phone #: 513-923-4100 Fax #: 513-741-6255 Email to customerservice@guardiansavingsbank.com

New Request: _____ Change Request: _____

I (we) authorize Guardian Savings Bank, to initiate debit entries to my (our) account at the BANK (identified below), for the purpose of paying our monthly mortgage payment.

*****FORM MUST BE REMITTED BY THE 16TH OF THE MONTH PRIOR TO THE PAYMENT START DATE. *****

BANK'S NAME: _____ ACCOUNT NUMBER: _____

ROUTING/ABA #: _____ Type of Account: Checking _____ Savings _____

PAYMENT START DATE: _____ Mortgage Loan Acct # _____

Input format must be MM/DD/YY can only start between the 1st and the 16th.

Monthly Payment Amount: _____ (Principal, interest & escrow, if applicable)

Optional: An Additional Amount for Principal: _____

Total Debit Amount: _____

It is agreed that:

1. The draft verification process will start two business days prior to the payment draft date shown above.
2. I/we will maintain a sufficient balance in the account at the banking institution to cover this transaction. I also agree that Guardian Savings Bank ("Guardian") shall not be liable for the inability to execute the transaction due to insufficient funds or other causes of returns by the banking institution. Guardian may charge a return item fee of \$30.00 for any payment that is rejected by the banking institution.
3. In the event that my payment has not been made by the expiration of the grace period, Guardian may assess a late-charge fee.
4. Guardian Savings may periodically adjust the Monthly scheduled mortgage loan payment, if applicable to provide for changes in the escrow, such as tax and insurance or changes in the interest rate. Such adjustments shall not require revision of this authorization, but Guardian Savings shall give the Mortgagor notice of the payment change date as part of the annual Escrow Account Disclosure or Rate Change notice.
5. The optional principal payments will not adjust except at the written request of the Mortgagor.
6. I (we) understand that this Authorization will remain in full force and effect until Guardian has received written notification from me (or from either of us) of its termination no later than fifteen (15) days prior to the first of the next month's payment. Guardian may discontinue these transactions at any time; Guardian will notify you by mail in this event.

My/Our signature verifies that I/we have read and agree to the terms and conditions outlined above.

Print Name: _____

Signature (not electronic) Date Signature (not electronic) Date

Please provide the following contact information in case there are any questions.

Phone Number: _____ E-Mail _____