

# Vanderbilt Mortgage and Finance, Inc.

## DRAFT AUTHORIZATION

[CustomerCare@VMF.com](mailto:CustomerCare@VMF.com)

Fax: 865-380-3418

500 Alcoa Trail  
Maryville, TN 37804

Vanderbilt Mortgage and Finance, Inc. ("VMF") is hereby authorized to draft my bank account (*as shown below*) in accordance with National Automated Clearing House Association procedures. No fee is charged for this service. The amount drafted will be equal to the total monthly payment or total biweekly payment ("Payment Amount"), as the case may be, I agreed to pay in the Consumer Loan Note and Security Agreement or, if applicable, Biweekly Payment Rider thereto ("Contract"), except as otherwise provided below.

If there are not sufficient funds in my bank account on any payment draft date, I understand that I will still be responsible for making the payment due, and VMF may, but is not obligated to, charge a non-sufficient funds fee and/or late charge according to the Contract. If this occurs, I understand the recurring draft will resume once my payments under the Contract become current again. Otherwise, this authorization will continue until the earlier of the date the loan is paid in full or one party gives notification to the other that the drafts are to cease.

**Important:** *If the draft date I choose falls on a Saturday, Sunday or Holiday, VMF will draft my bank account on the previous business day.*

Loan Number: \_\_\_\_\_ ABA Routing Number (*always 9 digits*): \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_ Type of Account being drafted: ☐ Checking ☐ Savings

Bank Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Month I want the recurring auto draft to begin: \_\_\_\_\_

*Updated draft information must be received at least 7 business days prior to next draft date.*

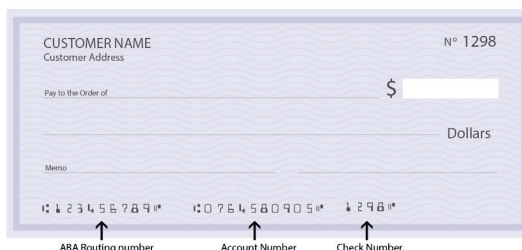
Select one: Draft on: ☐ my due date ☐ Day: \_\_\_\_\_ (Choose a day between the 1<sup>st</sup> and the 15<sup>th</sup>)

I have the option to pay an amount with each draft in addition to the Payment Amount. Any such additional amount will be applied to reduce my outstanding balance owed. Should I choose to do so, the amount drafted will be equal to the Payment Amount plus the additional amount I have elected below.

☐ Please add \$\_\_\_\_\_ to my Payment Amount.

### Where to find the ABA Routing Number and the Bank Account Number:

Checking  
Account



Savings  
Account

Please contact bank for Routing  
and Account Numbers

**Note:** The VMF customer's signature is required if using another party's information for recurring draft.

**Important:** I (we) understand that this authorization will remain in full force and effect until either the loan is paid in full, or I (we) notify VMF either in writing or by phone that I (we) wish to revoke this authorization. I (we) understand that VMF must receive the request to revoke this authorization at least two weeks prior to the next draft date to cancel this authorization.

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Reminder:** Attach a voided check or letter on bank letterhead with bank account information.

**The following notices are required by Federal law:** 1. This is an attempt by a debt collector to collect a debt and any information obtained will be used for that purpose. 2. To the extent your original obligation was discharged, or subject to an automatic stay under the bankruptcy code, this statement is for informational purposes only and is not an attempt to collect a debt or impose personal liability for a debt.