



Complete and sign this form and return with a voided check to:
Drafting Department, PO Box 77417, Ewing, NJ 08628

AUTOMATIC PAYMENT (ACH) AUTHORIZATION

Name: Loan

I/We hereby authorize Central Loan Administration & Reporting on behalf of Cobalt Mortgage, Inc. to initiate a debit from my checking/savings account for my/our recurring scheduled loan payment.

You will be notified of the month in which the first transfer will occur, and this notification will serve as a substitute of the photocopy of your authorization form.

PLEASE CHECK ONE:

Draft On: Due Date 4 Days Following Due Date 9 Days Following Due Date

Optional: In addition to my/our regular payment, please deduct an additional \$ each month and apply to principal.

Bank Name: City/State:

ABA/Bank Routing #: Bank Phone:

PLEASE CHECK ONE:

Account Type: Checking Savings Account #:

The authorization to initiate a debit from your account will remain in full force and effect until Central Loan Administration & Reporting receives written notice from you of its termination at least 15 days prior to the next scheduled draft date.

SIGNATURES: (all account holders must sign)

Account Holder:

Signature: Date:

Joint Account Holder:

Signature: Date:

If you have questions regarding this program, please direct your written correspondence to Customer Service, PO Box 77404, Ewing, NJ 08628 or call the Customer Service Department toll-free at (866) 229-9574.