

55 Beattie Place Ste 110
MS 152
Greenville, SC 29601

Phone Number: 800-365-7107
Fax: 866-467-1137
e-Mail: Loanservicing@shellpointmtg.com

Monday - Tuesday: 8:00AM-12AM EST
Wednesday -Friday: 8:00AM-10PM EST
Saturday: 8:00AM-3PM EST



* ACH Draft Authorization *

Dear Valued Customer,

Shellpoint is pleased to offer a **free automatic payment option**. Your monthly payments can now be automatically drafted from your checking or savings account. Proof of payment will appear on your bank statement.

The authority you give Shellpoint to charge the payment to your checking or savings account will remain in effect until you notify us in writing to cancel the authorization.

To take advantage of this service, complete the form below, attach your voided check and return it to our office using the above contact information.

Si usted no entiende el contenido de esta carta, por favor contacte a uno de nuestros representantes que hablan español al número 800-365-7107.

Sincerely,

Loan Servicing
Shellpoint Mortgage Services

* Your Monthly Payment Amount may vary due to Interest Rate and/or Escrow if applicable. You will be notified of any change in monthly escrow payments.

Please read the following important notices as they may affect your rights.

This is an attempt to collect a debt and any information obtained will be used for that purpose. This communication is from a debt collector.

If this debt was discharged in a bankruptcy without a valid reaffirmation, please understand that Shellpoint is not attempting to collect the debt from you personally, but is rather seeking to protect the creditor's right in the associated collateral. Please disregard any contrary provisions contained in this letter and interpret this communication accordingly.

Attention Servicemembers and Dependents: The federal Servicemembers Civil Relief Act and certain state laws provide important protections for you, including prohibiting foreclosure under most circumstances during and nine months after the servicemember's military or other service.

The following is a Spanish translation of the information previously provided:

Lea por favor las siguientes avisos importantes que puedan afectar sus derechos.

El objeto de la presente notificación es gestionar el cobro de la deuda, y toda información obtenida será utilizada a tal fin. La presente comunicación proviene de un agente de cobro de deudas.

Si esta deuda no fue liberada en una quiebra sin una reafirmación válida, entienda que Shellpoint no busca cobrar la deuda de usted personalmente, sino que busca proteger los derechos del acreedor en la garantía asociada. Haga caso omiso de las disposiciones contradictorias que se encuentran en esta carta e interprete esta comunicación en consecuencia.

Atención Militares y sus Dependientes: La Ley Federal De Amparo Civil Para Militares y algunas leyes estatales les proporcionan protecciones importantes, las cuales en la mayoría de las circunstancias incluyen la prohibición de los juicios hipotecarios durante y nueve meses después de su tiempo de servicio activo militar u otro servicio.

AUTOMATIC PAYMENT ENROLLMENT FORM

Borrower/Payment Information

Account Number: _____

Borrower 1: _____ Borrower 2: _____

Mailing Address: _____

Home/Cell phone number: _____

Work phone number: _____

Email Address: _____

Date to Start Drafting Payment: ____/____/____

Day of the month that the monthly draft should occur (**must be between the 1st and 15th**): _____

Current Monthly Payment Amount*		\$	_____
(P&I/Escrow) :		\$	_____
Additional Draft Amount**:	Plus	\$	_____
Total Monthly Draft Amount:		\$	_____

* Your Monthly Payment Amount may vary due to Interest Rate and/or Escrow changes, if applicable. You will be notified of any change in monthly escrow payments. **If the P&I and/or Escrow amounts change, you are required to notify Shellpoint to change the above agreed draft amount.**

** Funds drafted in excess of my regular payment amount will first be used to satisfy amounts that are past due. If no amounts are past due, then excess funds will be posted to reduce my principal balance.

Banking Information

ABA Transit Number: _____ Bank Account Number: _____

(Routing 9 digit number)

Please indicate account type: CHECKING or SAVINGS Bank Name: _____

Authorization to Begin Automated Payment Option

I authorize Shellpoint to debit my account each month. I understand that if the drafting day should fall on a non-business day, the draft will take place on the next business day. In order to cancel the draft, You must make a request in writing to Shellpoint 14 days in advance of the scheduled drafting date. Insufficient funds (“NSF”) charges will apply to my account if the funds are not available at the time of debit.

If my regularly scheduled draft is returned, a second draft may be attempted. In the event three of my scheduled drafts are returned, the Automated Payment Option will be terminated. Each NSF transaction will result in an NSF fee.

I acknowledge that I have read, understand, and agree to the terms set forth for the Automated Payment Option.

Signature: _____

Borrower 1

Signature: _____

Borrower 2

(Both signatures required if Joint bank account.)

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.

Attach a voided check to this form if mailing document back in.
