



Automatic Payment Enrollment Form (New 2/28 ARM Account)

4870 Viewridge Ave. #100
San Diego, CA 92123
866.344.8935
ResCapInfo.com

Loan Number: _____ Today's Date: _____

Property Address: _____

Primary Borrower Name: _____

Primary Borrower Email Address: _____

Deduct my payment on (circle one): 1 2 3 4 5 6 7 8 9 10 day of the month

Staple
your
VOIDED
check
here

Your Name 123 Main Street Any Town, USA 54321	1234 98-1234/4359
Pay to the order of _____	20
_____	\$ VOID
_____	Dollars
Your Financial Institution 4870 Viewridge Ave #100 San Diego, CA 92123	
For _____	VOID
⑆ 2 2000 78 9⑆ 0 123456789⑆ 1234	

I authorize Residential Capital Mortgage Income Fund to deduct my monthly payment from the account above. I understand that the monthly payment amount will change based on the number of days in the month and the amount of reserve advances and/or principal paydown transactions on my account.

I authorize Residential Capital to charge my account specified above \$1.00 before funding to ensure the accuracy of the data provided. If your loan funds, you will subsequently be credited this amount at closing. If your loan does not fund, you will receive a refund of this amount. If the charge is returned because of inaccuracy of the data provided, the account is closed, or there are insufficient funds in the account, your application for this loan program will be denied.

Account Holder's Signature

Date