



Recurring Payment Authorization Form

Please complete the information below:

Name on Centurion Mortgage Account _____ Acct # _____

Address: _____

Phone Number _____ Email _____

Payment Options and Payment Information:

| Payment Options | Additional Payment Information |
|--|---|
| <p>_____ Option 1: Regular Payment</p> <p>“Regular Payment” means the amount I am required to pay each month under my Retail Installment and Security Agreement, including any additional charges I owe on my loan such as insurance, property taxes, late fee’s, returned payment fees, and other charges, if applicable.</p> | |
| <p>_____ Option 2: Regular Payment Plus Additional Principal</p> <p>“Regular Payment” means the amount I am required to pay each month under my Retail Installment and Security Agreement, including any additional charges I owe on my loan such as insurance, property taxes, late fee’s, returned payment fees, and other charges, if applicable.</p> | <p>Additional Principal</p> <p>\$ _____</p> |

Payment Information (Select ONE Option) *Convenience Fees Apply:

I authorize Centurion Mortgage to withdraw from my account selected below every _____ day of each month.
(Must select a day between the 1st through the 15th)

| Option 1: E-Check Information |
|--|
| Select One: _____ Checking Account _____ Savings Account |
| Account Holder Name: _____ |
| Phone Number: _____ |
| Billing Address: _____ |
| Email Address: _____ |
| Routing Number: _____ |
| Account Number: _____ |
| Bank Name: _____ |



| Option 2: Debit/Credit Card Information | |
|---|--|
| Account Type: | _____ VISA _____ MASTERCARD _____ DISCOVER _____ AMEX |
| Cardholder Name: | |
| Card Number: | |
| Expiration Date: | |
| CVV (3 digit on the back of the card or 4 digits in front of AMEX): | |
| Phone Number: | |
| Billing Address: | |
| Email Address: | |

Terms and Conditions:

“Regular Payment” means the amount I am required to pay each month under my Retail Installment and Security Agreement, including any additional charges I owe on my loan such as insurance, property taxes, late fees, returned payment fees, and other charges, if applicable. Unless otherwise agreed, my automatic payment will be processed on the next billing cycle. This authorization will remain in effect until my loan is paid off in full, I am notified by Centurion Mortgage that they are terminating my automatic payments, or I notify Centurion Mortgage that I wish to terminate my authorization. I understand that Centurion Mortgage may restrict or terminate my automatic payments if my loan is in default or if I have had two or more returned payments. I acknowledge that I have received a copy of this authorization.

I, the undersigned, authorize PayLease, on behalf of my Lessor, to debit my account above every month this Agreement is in effect on the debit day stated above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In consideration of PayLease’s performance of services hereunder, I acknowledge and agree that I am the lessee occupying the premises at the address stated above. I certify that I have full authority to enter into this Agreement and that all necessary approvals have been obtained to enter into this Agreement. I agree that I will be assessed a fee of \$25.00 by PayLease if my bank account has insufficient funds to cover my payment on the designated day of debit. I agree that I will be assessed a fee of \$35.00 by Centurion Mortgage for a return/rejected payment for any reason. I authorize PayLease to debit my credit card or checking account submitted above for the payment amount stated, on the day specified and for the duration of time specified. I understand that there are convenience fees I must pay per transactions and that these fees are subject to change without notice. I waive the right to dispute any debits made by PayLease on these specified debit days. I certify that I am an authorized user of this account and that I will not dispute the scheduled payments with my credit/debit card company or bank provided the transactions correspond to the terms indicated in this authorization form. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Centurion Mortgage in writing of any changes in my account information or termination of this authorization at least 14 days prior to the next billing date. I waive the right to dispute any debits made PayLease on these specified debit days. I acknowledge that the origination of Automated Clearing House ("ACH") transactions to my Account must comply with all applicable state and federal laws.

Date: _____

Print Name: _____

Signature: _____