Completing the Standard Monthly APP/ACH Form:

- **(1)** Mortgage Loan Account Number (not applicable)
- **(2) Depository Institution Information (BANK INFORMATION)**
  - Bank Name, City, State, Zip code
  - Account Number
  - ABA Routing Number
  - Account Type
- **(3) Date of Withdrawal**
  - Number of days after payment due date
- **(4) Borrower Information**
  - Daytime and Evening Phone Number
- **(5) Payment Information**
  - Monthly Payment Amount
  - Addition Principal (if applicable)
- **(6)** Name(s) on Bank Account
- **(7)** Signature (Account Holder and/or Co-Holder) and Date

AUTOMATIC PAYMENT PROGRAM ("APP")

Mortgage Loan Account Number: _____ **1**

I (we) hereby authorize Florida Capital Bank, N.A. and its successors, assigns, authorized agents or any entity servicing my loan on their behalf (hereinafter called THE LENDER) to initiate mortgage payment debit entries (which may vary from the amount indicated below with future changes in escrow, principal and interest components, as applicable) to my (our) Checking or Savings Account indicated below and the depository named below to debit the same to such account. I (we) understand that if any debit entries under this authorization are returned for insufficient funds or otherwise dishonored, I (we) will promptly send [**2**] ENDER the total monthly payment due, plus any late charge(s) or other fees due under my mortgage. I (we) authorize THE LENDER t[ ]ically credit my (our) account if necessary, to [**3**] erroneous debits. I (we) agree that ACH transactions I (we) authorize comply with federal law.

DEPOSITORY INSTITUTION INFORMATION: _____

BANK NAME: _____

CITY: _____

STATE: _____

ZIP CODE: _____

ACCOUNT NUMBER: _____

ABA ROUTING NUMBER: _____

ACCOUNT TYPE: CHECKING: ☐ or SAVINGS: ☐

DATE: _____ **6**

NAME(S) ON BANK ACCOUNT: _____

SIGNATURE: (ACCOUNT HOLDER): _____ **7**

SIGNATURE (CO-HOLDER): _____

DATE OF WITHDRAWAL: PLEASE CHOOSE THE NUMBER OF DAYS AFTER YOUR PAYMENT DUE DATE (INDICATED ON YOUR MORTGAGE NOTE) THAT YOU WOULD LIKE THE PAYMENT TO BE DRAFTED.

0 ☐   1 ☐   2 ☐   3 ☐   4 ☐   5 ☐

DAYS AFTER PAYMENT DUE DATE. **4**

BORROWER INFORMATION: _____

DAY PHONE: _____

EVENING PHONE: _____ **5**

PAYMENT INFORMATION: _____

MONTHLY PAYMENT AMOUNT: $_____

ADDITIONAL PRINCIPAL IF ANY: $_____

This authorization is to remain in full force and effect until THE LENDER has received written notification from me (us) of its termination in such time and in such manner as to afford THE LENDER a reasonable opportunity to act upon it. THE LENDER may terminate this agreement at any time, with written notice sent to me.

PLEASE CONTINUE TO MAIL YOUR PAYMENTS UNTIL WE NOTIFY YOU OF YOUR DRAFT DATE

[PLEASE ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE]

Please enclose a voided blank check or savings account deposit slip with the authorization agreement. Simply write "void" across the face of your check or a savings deposit slip from a current savings account.

PLEASE RETURN THIS FORM TO THE FOLLOWING ADDRESS FOR PROCESSING:

FLORIDA CAPITAL BANK, N.A.
ATTN: Payment Processing
10151 DEERWOOD PARK BLVD,
BLDG 100, SUITE 200,
JACKSONVILLE, FL 32256

Completing the Flexible Bi-Weekly/Semi-Monthly APP/ACH Form:

This flexible for has the instructions inbedded in the word version; otherwise, see comments

AUTOMATIC FLEXIBLE DRAFTING PROGRAM

Mortgage Loan Number: _____   Date: _____

DEPOSITORY INSTITUTION INFORMATION

Bank/Institution: Enter Bank/Institution Name Here   City: Enter City Here   State: Enter   Zipcode: Enter Zip

ABA Routing Number: 0 0 0 0 0 0 0 0 0

Authorized Account Number: 0 0 0 0 0 0 0 0 0 0 0 0   Account Type: ☐ Checking ☐ Savings

Optional: You may elect to utilize two bank accounts per draft. All amounts drafted will be split evenly between accounts.

Bank/Institution: Enter Bank/Institution Name Here   City: Enter City Here   State: Enter   Zipcode: Enter Zip

ABA Routing Number: 0 0 0 0 0 0 0 0 0

Authorized Account Number: 0 0 0 0 0 0 0 0 0 0 0 0   Account Type: ☐ Checking ☐ Savings

AMOUNT OF WITHDRAWAL

Monthly Payment Amount: $Enter Monthly Payment Here   Additional Principal if any: $Enter Principal Payment Here

If two bank accounts are utilized, all amounts drafted, including additional principal, will be split evenly between accounts per draft.

If two bank accounts are utilized, all amounts drafted, including additional principal, will be split evenly between accounts per draft.

AUTOMATIC PAYMENT OPTION - ONLY COMPLETE OPTION 1 OR 2

1) **SEMI-MONTHLY DRAFT: Two ½ payment drafts on or before the 15th of each month.**

   Choose the dates of withdrawal*:

   First draft of each month (Choose One):   1st ☐ *or* 5th ☐

   Second draft of each month (Choose One):   10th ☐ *or* 15th ☐

   * When choosing the draft dates, please take into account your grace days to avoid any late charges

   * If no dates are chosen, draft dates will be the 1st and the 10th of each month. Funds will be held in a suspense account until a full monthly payment is received.

   ENTER THE MONTH THAT IS PRIOR TO THE START OF THE ACH DRAFT. FOR EXAMPLE: 1ST PAYMETN DATE IS JUNE 1 FOR $1,000 SO YOU ENTER MAY 15 HERE WHERE $500 WILL BE W/D AND THEN ON JUNE 1, THE OTHER $500 WILL BE WITHDRAWN

2) **BI-WEEKLY DRAFT: One ½ payment draft every 14 days. Loan must be pre-paid by 1 month a minimum of 14 days prior to the Starting Day of the first draft.**

   Starting Month: Enter Month Here

   ENTER THE DAY OF THE MONTH

   Starting Day: Enter Start Date Here (1st through 10th) *Draft will occur every 14 days after start date.*

   * A full year of drafts will result in 26 or 27 drafts each year. Funds will be held in a suspense account until a full monthly payment is received. All drafts made in excess of 24 per year will be applied to the outstanding principal balance of the Mortgage Loan in the month that they are received