NON-QM FOREIGN NATIONAL ACH FORM

☐ Yes, I would like to enroll in the free monthly Automatic Payment Program.

Loan Number:		
Name:		
Street Address:		
City, State, Zip Code:		
Daytime Phone #:		Evening Phone #:
Financial Institution Name:		
Financial Institution Phone #:		
Financial Institution Address:		
Electronic ACH Routing Number:		
Account Number:		
Account Type:	☐ Checking	☐ Savings

Please specify the payment date most convenient for you, which must be within the applicable grace period. **If a payment date is not specified, or your loan is a daily simple interest loan, payments will be deducted on your current loan due date.**

Deduct my payment on the of each month (select a date within the grace period indicated on your note).

I hereby authorize American Financial Network, Inc., dba Orion Lending, LLC, including its successors and/or assigns, to initiate transfers from my checking or savings account at the financial institution indicated above for the purpose of making my monthly mortgage payment. I authorize the amount of each transfer to include my regularly scheduled payment, including principal, interest, and escrow items. I understand that, in accordance with the terms of my mortgage note and/or adjustments in my escrow for taxes and insurance, my payment may change from time to time as set forth in my loan documents. You are hereby authorized to change the amount of the draft from my checking or savings account, provided you notify me of the new payment amount at least 10 days prior to the draft date. I agree that the payment change notice provided to me under the Adjustable Rate Mortgage Provisions of the Truth-in-Lending Act and/or escrow analysis form shall constitute notice of payment change as required by the Electronic Funds Transfer Act and Federal Reserve Board Regulation E.

The authorization is to remain in full force and effect until revoked in writing. Such revocation notification must be provided to the Initiating party no less than fifteen (15) business days prior to it taking effect. Please contact the Initiating Party immediately if you change financial institutions, change accounts within the same financial institution or if you wish to revoke this authorization.

I hereby agree to the terms and conditions in this form.

_____ _____

Borrower Date

_____ _____

Co-Borrower Date