Automatic Payment Authorization

Monthly Mortgage Payment by ACH

DOCUMENT ID	LC-FRM-ACH-001	VERSION	1.0
EFFECTIVE DATE	June 19, 2026	OWNER	Wholesale Operations
NEXT REVIEW	December 19, 2026	CLASSIFICATION	Confidential
APPLIES TO	Borrowers enrolling in automatic payments		

ACCOUNT HOLDER

Enroll in Automatic Payment Program	☐ Yes — free monthly program
Name	
Street address	
City, State, ZIP	
Daytime phone	
Evening phone	
Mortgage number	

FINANCIAL INSTITUTION

Institution name	
Institution phone	
Institution address	
ACH routing number	
Account number	
Account type	☐ Checking ☐ Savings
Deduct my payment on this day of each month (1st–10th)	

AUTHORIZATION

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.

I hereby authorize Legions Capital, Inc., 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.

This 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 Signature **Date**

Co-Borrower Signature **Date**