

Recurring Payment Authorization Form

I authorize Reliant Capital Solutions, LLC to process recurring payments on the established dates, which are Electronic Fund Transfers, including Debit Cards, Checks-by-Phone, or any other form of payment where the Electronic Fund Transfer Act applies, which will result in the transfers of the corresponding funds from my designated bank account, ending with the following four digits: _____.

If any payment amount is different from that of the preceding payment, or different from any other preauthorized amount, I understand that I am entitled to receive written notice ten (10) days in advance prior to the scheduled date of the electronic fund transfer.

This is a continuing authorization and I authorize Reliant Capital Solutions, LLC to process additional future recurring payments, to be processed on the same day(s) of the month or on the next business day, until such time as my loan rehabilitation or other payment program has been successfully completed, or a compromise or payoff of the collection account has occurred.

If you have already returned this authorization form to our office, please disregard this notice.

Print Name: _____
Signed: _____ Date: _____
Reliant File Number: _____

Please sign and date one copy and retain a copy for your records. Please return a signed copy to our office by fax, email or regular mail as set forth below, and retain the second copy for your records.

Fax: 614-452-6062

- OR -

Mail: PO Box 307290, Gahanna, OH 43230

Should you wish to confirm that any such payment was processed, please call the following number: 877-404-8853.