



# AUTO BILLPAYER AGREEMENT

Borrower Name(s):

[Redacted]  
[Redacted]  
[Redacted]

Loan Number: 420361321

Social Security Number

[Redacted]  
[Redacted]

Mother's Maiden Name

## ACCOUNT INFORMATION

Name of Bank, Thrift, or Credit Union: Fifth Third

Account Type:  Checking      Account Number: TBD

Bank Identification / Routing Number: 053100737

Day of Month Payment to be Drawn:  1st     2nd     3rd     4th     5th

Total Payment: \$2,244.39

## Authorization and Agreement

I/we authorize the provider of the Auto BillPayer service ("Company") to initiate transfers from my Bank Account to the Company in order to initiate Payments and other related transactions. Payment will be initiated based on instructions the Company accepts from me and/or from payees that I designate. I agree that my participation in the service will be solely governed by the Auto BillPayer Terms and Conditions, which may change from time to time.

I/we further acknowledge and agree to maintain payments to my/our mortgage loan via Auto BillPayer for a period of one year from the closing date of the loan. If Auto BillPayer is cancelled at any time prior to this one-year period, I/we acknowledge and agree that I/we will be billed for the \$1,625.00 discount received for the Mortgage Advantage or Mortgage Advantage Plus Program at the execution of the note. I/we agree to pay such amount pursuant to the terms as set forth in the Rate Lock Agreement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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# CONFIDENTIAL

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