

**MISSISSIPPI HOME CORPORATION**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS**

LOAN # \_\_\_\_\_

NAME: \_\_\_\_\_  
(As it appears on financial institution records)

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

FINANCIAL INSTITUTION NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRANSIT/ABA # \_\_\_\_\_

CHECKING ACCOUNT# \_\_\_\_\_ **(send voided check)**

SAVINGS ACCOUNT# \_\_\_\_\_ **(send deposit clip)**

I hereby authorize the Financial Institution named above to pay on my loan each month by charging \$\_\_\_\_\_ to my account on the 5<sup>th</sup> business day of each month beginning \_\_\_\_\_, 200\_\_\_\_ and to make that deduction payable to the order of Mississippi Home Corporation. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and Mississippi Home Corporation reserve the right to terminate this payment plan (or my participation therein).

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**NOTE:** Please return this authorization and a **voided check on your checking account** or a **deposit slip on your savings account** to:

Mississippi Home Corporation  
Attn.: Mortgage Servicing Department  
PO Box 23369  
Jackson MS 39225-3369