

## FOREIGN NATIONAL ACH ENROLLMENT FORM

	Borrower	Information	
Loan Number		Last Name	
Subject Property Address		City, State, Zip Code	
Phone Number (Daytime)		Phone Number (Evening)	
	Financial Instit	ution Information	
Name of U.S. Banking Institution	Address (Street, City, State & Zip)		Phone
ACH Routing Number	Account Number		Checking Account
*** FORM MUST BE A	CCOMPANIED	WITH A COPY OF A VOIDE	D CHECK ***
hereby authorize ACC Mortgage, Inc., in account at the financial institution indicate oan due date indicated in the Note. I authorcluding principal, interest, and escrow it and/or adjustments in my escrow for taxe my loan documents. You are hereby as	ted above for the orize the amour tems. I understa es and insurance	e purpose of making my mon at of each transfer to include r and that, in accordance with t e, my payment may change f	nthly mortgage payment on the my regularly scheduled paymen the terms of my mortgage Note from time to time as set forth in

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 15 business days prior to 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/WE HEREBY AGREE TO THE TERMS AND CONDITIONS SET FORTH IN THIS FORM.			
Borrower Signature	Co-Borrower Signature		
Borrower Printed Name	Co-Borrower Printed Name		
Date	Date		