

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 5th 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