Heartland Bank and Trust Company
MEMBER FDIC

ACH Automatic Transfer Authorization

Note: This form must only be used for ACH transfers from a checking account at another institution to make a loan payment on a loan that is here. Please return completed form to Hershey Loan Servicing.

Account Information:

Office Location: [ ]   Office Contact: [ ]

Branch Address: [ ]

Loan Account Number: [ ]   Customer Name(s): [ ]

Non Escrow and/or Non-ARM Loans Only:

Transfer Amount: [ ]   Start Date: [ ]   Frequency: [ ]

(Extra to principal can be included in this amount.)

Escrow Loans and/or ARM loans Only:

Regular Payment Transfer Amount: [ ]   Start Date: [ ]   Frequency: [ ]

(Payment plus escrow.)

Optional:

Extra to Principal Transfer Amount: [ ]   Start Date: [ ]   Frequency: [ ]

Transfer Authorization:

I / We authorize Heartland Bank and Trust Company, hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account.

Note: These amounts may show as two separate transfers. If TRANSFER DATE is on a weekend or holiday, PAYMENT will be paid on the first business day prior to the TRANSFER DATE. The ACH cut off time is 4:00 p.m. Any ACH added after 4:00 p.m. will be on the next day's business.

I (we) authorize COMPANY to change this amount if our required monthly payment changes due to changes in the loan payment or required escrow payment. I (we) understand that I (we) will be notified prior to any such change.

Special Instructions or Provisions: [ ]

This authorization is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and manner to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I understand that it is my responsibility to have sufficient funds available in my account on the transfer date in order for you to make the automatic payment. I acknowledge that if sufficient funds are not available in my account to cover the amount of the transfer, the automatic payment may not be made. I further acknowledge that the COMPANY will not be liable for any charges, including, but not limited to, any charges related to items returned because of insufficient funds, or for any late charges or additional interest. I further acknowledge that if an automatic payment is returned twice within a 12 month period for insufficient funds, the automatic transfer will be canceled by the COMPANY and it is my responsibility to make payments in accordance to the terms of my promissory note. If this loan is paid off in full, I (we) understand it is our responsibility to separately notify the COMPANY to terminate this automatic transfer authorization.

_____   _____   _____   _____
Authorized Signature   Date   Authorized Signature   Date

ATTACH VOIDED CHECK IN THIS SECTION - REQUIRED