

AUTOMATIC WITHDRAWAL REQUEST FORM ****PAYMENTS MUST BE CURRENT BEFORE THIS SERVICE CAN BE STARTED****

CUSTOMER NAME: _____ DATE: _____ DATE: _____

WESTSTAR MORTGAGE LOANSERVICING (WESTSTAR) ACCOUNT #_____

Please accept this letter as your authorization to draft payments for the above referenced loan account. I understand this service is available only for regularly scheduled payments and if the payment amount changes due to account terms such as tax/insurance escrow, etc. the regularly scheduled payment will also change.

I understand this service is provided as a convenience to me. WESTSTAR shall take no responsibility for the bank's failure to withdraw from my account or for any bank charges related to the draft. WESTSTAR liability is limited to a prompt draft request.

I understand it is my responsibility to inform WESTSTAR of any monies drafted from my account by WESTSTAR which are not due to them.

I understand that to obtain payment on the "payment draft date", the draft will be made the business day prior to the "payment draft date". (Take note of weekends & Holidays)

I understand to cancel this service prior to the pending draft date; I will provide written instruction not less than 5 business days prior to the "payment draft date". Failure to provide this timely cancellation notice may not result in the timely cancellation of this service.

BANK ROUTING NUMBER:			
BANK NAME:	CHECKING	SAVINGS	
BANK ADDRESS:			
BANK ACCOUNT NUMBER:			
DRAFT AMOUNT: \$	** DATE OF 1 ST DRAFT:		
AUTOMATED SERVICE PROVIDED:	** DATE MUST BE ON OR E	BEFORE THE PAYMEN	T IS DUE
MONTHLY= 12 per year or SEMI-MON (Use of this service does not prevent yo			
SOCIAL SECURITY NUMBER (IF NOT ALREADY PROV EMAIL ADDRESS:			
EMAIL CONFIRMATION REQUESTED: Yes No)		
** ATTACH A VOIDED CHECK FROM YOUR ACCOUN ** SAVINGS ACCOUNTS MUST HAVE BANK CONFIR		/BER.	
			REVISED 02/24/2022
,	Albuquerque NM 87125 505.889.0280		

Toll Free 1.800.640.0635 www.westloan.com