



AUTOMATIC WITHDRAWAL REQUEST FORM

****PAYMENTS MUST BE CURRENT BEFORE THIS SERVICE CAN BE STARTED****

CUSTOMER NAME: _____ DATE: _____

WESTSTAR LOAN SERVICING (WESTSTAR) ACCOUNT NO.: _____

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 if the payment amount changes due to account terms, 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 and 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: _____

BANK ADDRESS: _____

BANK ACCOUNT NUMBER: _____ CHECKING ____ SAVINGS ____

DRAFT AMOUNT: \$ _____

DATE OF 1ST DRAFT: _____ ****DATE MUST BE ON OR BEFORE THE PAYMENT DUE DATE****
(Use of this service does not prevent you from remitting additional principal payments)

SOCIAL SECURITY NUMBER (IF NOT ALREADY PROVIDED) _____

EMAIL ADDRESS: _____ EMAIL CONFIRMATION: Yes ____ No ____

PAPER RECEIPT REQUESTED: (\$10.00 CHARGE) Yes ____ No ____

AUTHORIZED SIGNATURE _____ PHONE _____

****ATTACH A VOIDED CHECK FROM YOUR ACCOUNT (IF APPLICABLE)****
****SAVINGS ACCOUNTS MUST HAVE BANK CONFIRMATION OF THE ROUTING NUMBER****