

We invite you to join AUTOPAY, our convenient automatic withdrawal program. AUTOPAY automatically transfers your Franklin Credit Management Corporation ("FCMC") payments from your checking account to FCMC when a payment is due. Each transaction is recorded as a deduction on your bank statement. AUTOPAY is available for virtually all types of bank or depository accounts on which checks or drafts are written. This service is exclusively designed for accounts that are current as of the start date.

INSTRUCTIONS:

- Check the confirmation box below, complete and sign the attached authorization agreement.
- Provide a blank bank check marked "VOID".
- Return this form and a-voided check to FCMC, at least 15 days prior to your due date.
- Please be advised that debit days are limited to the 1st, 5th, 10th, 15th, 21st and 25th day of each month (hereinafter, "Debit Day"). These Debit Days in conjunction with your grace days should accommodate every due date. Please note that your bank account will be debited on the Debit Day closest to, **but not before**, your due date (if your due date is a Debit Day your account will be debited on your due date). However, if a payment is due on a weekend or holiday, FCMC will initiate a debit entry and credit your FCMC account on the next business day.

Note: **If you are using a SAVINGS ACCOUNT then it must be noted on the ACH Form below.**

Yes, I wish to enroll in AUTOPAY. I have read and understand the **Authorization Agreement For Franklin Credit Autopay Payment Program**, and the **Autopay Payment Program Rules**, included in this document

AUTHORIZATION AGREEMENT FOR FRANKLIN CREDIT AUTOPAY PAYMENT PROGRAM

I (we) hereby authorize and request Franklin Credit Management Corporation ("FCMC") to initiate electronic debit entries or effect a charge by any other commercially accepted practice to my (our) account indicated below in the financial institution named below ("BANK"), and I (we) authorize and request BANK to honor the debit entries initiated by FCMC and debit the same to such account. This authority pertains to my (our) FCMC Account Number and the schedule of payments described in the related contract. The authority is to remain in force and effect until the schedule of payments is completed or until FCMC and BANK have received written notification from me (or either of us) of its termination in such time and such manner as to afford FCMC and BANK a reasonable opportunity to act on it.

FRANKLIN CREDIT AUTOPAY PAYMENT PROGRAM RULES

1. Your loans must be current with no outstanding late fees owed, before you enroll in this program
2. Any check return for insufficient funds must be replaced (through another payment method) within 5 business days of insufficient funds notification or you will be removed from the AUTOPAY PAYMENT PROGRAM
3. No more than one insufficient funds transaction will be allowed per calendar year. If this number is exceeded, you will be removed from the AUTOPAY PAYMENT PROGRAM
4. Any request you make to have a check held or stopped, must be received five (5) business days before the check date.

SAVINGS?: (Y) _____ (N) _____

FCMC ACCOUNT NUMBER: _____

BORROWER NAME _____

BANK NAME _____

SIGNATURE * _____

BANK BRANCH _____

DATE _____

BANK ADDRESS _____

All account depositors must sign if more than one signature is required.

CO-BORROWER _____

ADD PRINCIPAL: \$ _____ (OPTIONAL)

SIGNATURE _____

CONTACT NUMBER: _____

DATE _____

START DATE (Month and Year) _____

CIRCLE DEBITING DAY (1st, 5th, 10th, 15th, 21st and 25th) cannot be before your Due Date and must be within your Grace Period

Please note the AutoPay program will not debit a delinquent loan payment. Your payment must be for the current month. If for any reason there is an occurrence of NSF, you will have to replace that payment in order to Auto debit the following month

* All account depositors must sign if more than one signature is required by your Bank. I have read and understand the **Authorization Agreement for Franklin Credit Autopay Payments**, and the **Autopay Payment Rules**, included in this document

RETURN THE ENTIRE FORM (2 pages) WITH YOUR VOIDED CHECK

TO: FRANKLIN CREDIT MANAGMENT CORP
101 Hudson Street, 25th Floor
Jersey City, NJ 07302
Attn: Jennifer Lynch
Phone: 1-201-604-1800
Fax: 201-839-4351

Note: Please retain a copy of this form (2 pages) for your records