



Automatic Payment Program (ACH) Cancellation or Change

Use this form to revoke or change your authorization for Flat Branch Mortgage, Inc. to debit your loan payment from your account at another institution.

- I wish to stop all future automatic payments.
- I wish to stop the next scheduled payment only. *(Future entries from Flat Branch are to be paid, unless I provide you with an additional stop payment order)*
- I wish to stop a series of all payment from (date) _____ to (date) _____.
(Identify the payment date or months of the specific payments you wish to be stopped)
- I wish to change my ACH date:
Current date of payment _____: new date of payment _____.
- I wish to change my bank account. *(Please attach a voided check with the new bank account)*
- I would like to change my monthly curtailment amount from \$ _____ to \$ _____.
- I would like to change my monthly additional T&I amount from \$ _____ to \$ _____.

Account Holder Name: _____

Property Address: _____

Loan Number: _____

Directions:

1. Print, fill out, and sign the form.
2. Return this form to Flat Branch Mortgage, Inc. for processing. We must receive this form (3) three days prior to your next scheduled direct payment.
3. Return via: servicing@fbhl.com, fax to 636-536-9890 or mail to Flat Branch Mortgage, Inc. PO Box 843084 Kansas City, MO 64184-3084. Allow sufficient mailing time for the form to reach us 3 (three) business days before the next scheduled draft date.

For pre-authorized entries, I (the undersigned) understand, three business days advance notice prior to the expected transfer date of the debit entry is required to implement the stop payment or change request. If the stop payment or change request order is received within three business days of the expected transfer date, you will attempt to satisfy my request, but will not be held liable if sufficient time was not provided. This form acknowledges the account holder's

Signature

Date

