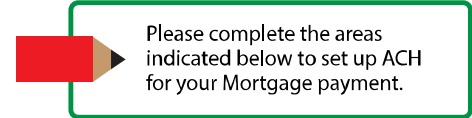


*Tired of Writing Checks
and Paying Postage?*



We offer a convenient system that automatically debits your payment each month from your checking or savings account. This service will:

- ▶ ELIMINATE THE MONTHLY CHECK WRITING CHORE
- ▶ SAVE POSTAGE AND THE COST OF CHECKS
- ▶ PREVENT LOST OR DELAYED PAYMENTS BY MAIL
- ▶ PROVIDE A RECORD OF YOUR PAYMENT ON YOUR BANK STATEMENT

To take advantage of this FREE service, simply complete the Automatic Payment (ACH) Authorization below and return it with an unsigned voided check or encoded deposit slip preprinted with your name, account number and bank's ABA number to: P. O. Box 32890, Louisville, Ky. 40232-2890. Your bank's ABA number is located on the bottom left of your check or deposit ticket. ABA numbers starting with a 5, 6, 7, 8 or 9 are not valid. Please contact your bank if you are unsure if your deposit ticket contains a valid ABA number.

AUTOMATIC PAYMENT (ACH) AUTHORIZATION

Name: _____ Loan Number: _____

I/We hereby authorize my/our lender to initiate a debit from my checking/savings account for my/our recurring scheduled loan payment beginning with the payment due on _____ (must be a minimum of 15 days prior to next payment due). If the required payment changes for any reason, this authorization will be automatically amended to authorize the debit of an amount equal to the new required payment plus any optional additional principal indicated below.

To confirm your payment has been made via ACH, you may call our Customer Service Area at 800.625.9066.

▶ Please check one: Draft Monthly On: Due Date 4 Days Following Due Date 9 Days Following Due Date

REGULAR PAYMENT AMOUNT TO BE DRAFTED: \$ _____ (or range of acceptable amount authorized)

OPTIONAL: In addition to my/our regular payment, please deduct an additional \$ _____ each month and apply to principal.

Bank Name: _____ City/State: _____

ABA/Bank Routing #: _____ Account #: _____

▶ Please check one: Account Type: Checking Savings

The authorization to initiate a debit from your account will remain in full force and effect until my/our lender receives written notice from you of its termination at least 15 days prior to the next scheduled draft date, or in such manner and time frame as to afford my/our lender and its correspondent bank a reasonable opportunity to act upon it. Termination requests must be mailed to: P. O. Box 32890, Louisville, Ky. 40232-2890.

Account Holder/s

▶ Signature: _____ Date: _____ Signature: _____ Date: _____

If you have questions regarding this program, please direct your written correspondence to P. O. Box 32890, Louisville, KY 40232-2890.

SYB Representative's Acknowledgement below that a copy of this form has been provided to the Account Holder	
Signature: _____	Date: _____

