ZINC FINANCIAL

INBOUND ACH - MORTGAGE PAYMENTS

NOW OFFERING AUTOMATED MONTHLY MORTGAGE PAYMENT SERVICES

For your convenience, and with the help of your bank, we can deduct your payment from your checking account. Simply complete the information below and attach a voided check.

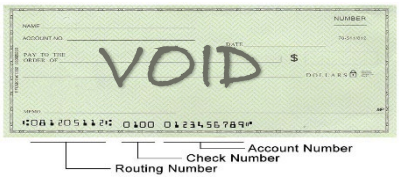
Return this information to:

ZINC Financial, Inc.
1525 E. Shaw Ave.
Fresno, CA 93710
Email: office@zinc.net
Fax: (866) 602-8892

Name		
Address		
City	State	Zip Code
Phone Number	E-Mail Address	
Loan Number	Property Address	

BANKING INFORMATION

Name of Primary Bank	Name on Account
Bank Routing Number (see example below)	Bank Account Number (see example below)



Please attach a voided check to this form

Authorization form must be received by 3:00 PM (PST) Monday-Friday prior to the posting date.

SEE EXAMPLE ON LEFT

AGREED UPON AMOUNT & TERMS

Monthly Recurring Draw – Beginning on date _____ /_____ / _____, and every month thereafter until the note is paid in full, my account will be debited for the payment amount of $_____. **OR**

One Time Draw – On date _____ /_____ / _____, my account will be debited for the single payment amount of $_____.

I hereby authorize an ACH electronic debit from the account designated above to be paid to ZINC Financial, Inc., in payment for loan services rendered to me, not to exceed the amount agreed to by me below. I further understand that should my bank dishonor my automated payment for insufficient or uncollected funds, the original amount, plus an additional transaction in the amount of the state allowed NSF check fee may be electronically debited from my account.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

Signature	Date

OUTBOUND ACH - CONTROL FUND DISPERSEMENT

IMPORTANT! Please be sure to attach a voided check for a checking account or a deposit slip for a savings account used for the ACH credit transactions.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Company Name	Company ID Number

I (we) herby authorize **ZINC Financial, Inc.** hereinafter called COMPANY, to initiate credit entries to my (our) [ ] Checking / [ ] Savings (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Depository Bank Name	
Routing Number	Account Number

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Recipient Name (s):	Optional ID Number
Date	Signature

NOTE: Retain for at least 2 years after termination of last original entry.