

Return Completed form either by Fax (210) 618-0561 or Email – [Staff@coveyfin.com](mailto:Staff@coveyfin.com)  
Covey Financial, 4515 San Pedro Ave., San Antonio TX 78212

**AUTOMATIC PAYMENT AGREEMENT**

I, Payee, hereby authorize Covey Financial LLC (or its assigns) to initiate automatic withdrawals of the required monthly installments and if applicable, any amounts required to satisfy my monthly escrow payment which includes, but is not limited to, property taxes and/or insurance. I am aware that my total monthly payment may change due to the escrow portion of my payment. With all considered, I authorize Covey Financial, LLC (or its assigns) to deduct the required funds from my account, specified below, to satisfy my total payment. The payment shall be automatically deducted from the account I specify below. I acknowledge that there will be a charge up to \$25.00 for any dishonored payment. A dishonored payment is one that is returned for any error including but not limited to insufficient funds. I understand this Automatic Payment Agreement will remain in effect until I cancel it in writing. **I agree to notify Covey Financial LLC in writing of any changes in my account information or termination of this authorization 5 days prior to the next billing date.** I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank.

Borrower Loan Number: \_\_\_\_\_

Borrower Mailing Address: \_\_\_\_\_

Borrower Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**For payments from your Checking or a Savings Account, please provide:**

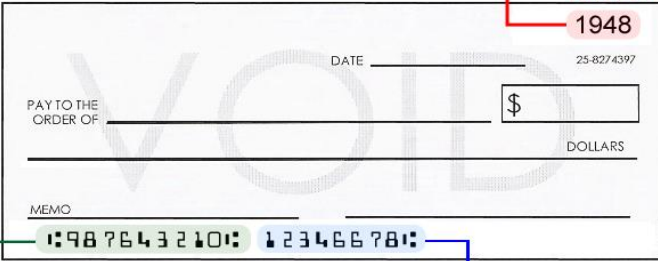
Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

The Bank Name: \_\_\_\_\_

First Draft Date: \_\_\_\_\_

Day of Month for Payments to be deducted: \_\_\_\_\_. (day for payment to be pulled each month)

	<p><b>PLEASE ATTACH A VOIDED CHECK TO THIS FORM</b></p>
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By signing below, I agree to the terms of this Automatic Payment Agreement.

Payee:

\_\_\_\_\_  
*signature* *print name* *date*

\_\_\_\_\_  
*signature* *print name* *date*