



## Recurring Payment Authorization Form

**Please complete the information below:**

Name on Empire Mortgage Account \_\_\_\_\_ Acct # \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Payment Options and Payment Information:**

Payment Options	Additional Payment Information
<p>_____ Option 1: Regular Payment</p> <p>“Regular Payment” means the amount I am required to pay each month under my Retail Installment and Security Agreement, including any additional charges I owe on my loan such as insurance, property taxes, late fee’s, returned payment fees, and other charges, if applicable.</p>	
<p>_____ Option 2: Regular Payment Plus Additional Principal</p> <p>“Regular Payment” means the amount I am required to pay each month under my Retail Installment and Security Agreement, including any additional charges I owe on my loan such as insurance, property taxes, late fee’s, returned payment fees, and other charges, if applicable.</p>	<p style="text-align: center;">Additional Principal</p> <p style="text-align: center;">\$ _____</p>

**Payment Information (Select ONE Option)\*Convenience Fees Apply :**

I authorize Empire Mortgage to withdraw from my account selected below every \_\_\_\_\_ day of each month.  
(Must select a day between the 1<sup>st</sup> through the 15<sup>th</sup>)

<b>Option 1: E-Check Information</b>
Select One: _____ Checking Account _____ Savings Account
Account Holder Name: _____
Phone Number: _____
Billing Address: _____
Email Address: _____
Routing Number: _____
Account Number: _____
Bank Name: _____



Option 2: Debit/Credit Card Information	
Account Type:	_____ VISA    _____ MASTERCARD    _____ DISCOVER    _____ AMEX
Cardholder Name:	
Card Number:	
Expiration Date:	
CVV (3 digit on the back of the card or 4 digits in front of AMEX:	
Phone Number:	
Billing Address:	
Email Address:	

**Terms and Conditions:**

“Regular Payment” means the amount I am required to pay each month under my Retail Installment and Security Agreement, including any additional charges I owe on my loan such as insurance, property taxes, late fees, returned payment fees, and other charges, if applicable. Unless otherwise agreed, my automatic payment will be processed on the next billing cycle. This authorization will remain in effect until my loan is paid off in full, I am notified by Empire Mortgage that they are terminating my automatic payments, or I notify Empire Mortgage that I wish to terminate my authorization. I understand that Empire Mortgage may restrict or terminate my automatic payments if my loan is in default or if I have had two or more returned payments. I acknowledge that I have received a copy of this authorization.

I, the undersigned, authorize PayLease, on behalf of my Lessor, to debit my account above every month this Agreement is in effect on the debit day stated above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In consideration of PayLease’s performance of services hereunder, I acknowledge and agree that I am the lessee occupying the premises at the address stated above. I certify that I have full authority to enter into this Agreement and that all necessary approvals have been obtained to enter into this Agreement. I agree that I will be assessed a fee of \$25.00 by PayLease if my bank account has insufficient funds to cover my payment on the designated day of debit. I agree that I will be assessed a fee of \$35.00 by Empire Mortgage for a return/rejected payment for any reason. I authorize PayLease to debit my credit card or checking account submitted above for the payment amount stated, on the day specified and for the duration of time specified. I understand that there are convenience fees I must pay per transactions and that these fees are subject to change without notice. I waive the right to dispute any debits made by PayLease on these specified debit days. I certify that I am an authorized user of this account and that I will not dispute the scheduled payments with my credit/debit card company or bank provided the transactions correspond to the terms indicated in this authorization form. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Empire Mortgage in writing of any changes in my account information or termination of this authorization at least 14 days prior to the next billing date. I waive the right to dispute any debits made PayLease on these specified debit days. I acknowledge that the origination of Automated Clearing House ("ACH") transactions to my Account must comply with all applicable state and federal laws.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_