



6300 C Street SW MD 3B-CR
Cedar Rapids, IA 52499
T: 319-355-5403
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AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

Borrower authorizes AEGON USA Realty Advisors, LLC (“Servicer”), as servicer for, AXA Equitable Life Insurance Company/AXA Equitable AgriFinance, LLC to electronically debit the following account:

Borrower Name ("Borrower"): _____ Loan Number: _____
Depository Name ("Depository"): _____ Account Number: _____
Routing Number: _____ Amount of Debit(s): _____
 Checking Account Savings Account
First ACH Month: _____ Frequency: (i.e. monthly) _____

Date of debit: 1st calendar day of month

If the draft date falls on a weekend or a bank holiday, then the draft will occur on the next business day.

ATTACH EITHER A VOIDED CHECK OR A LETTER FROM YOUR BANK ON ITS LETTERHEAD WITH THE BANK’S ROUTING NUMBER AND THE ACCOUNT NUMBER

This authorization and any subsequent change may not take effect for up to fifteen (15) calendar days after notice to the Servicer. Borrower may change the bank account by written notice delivered to 6300 C Street, SW; Cedar Rapids, IA 52499 or by e-mail to AAMServicing@AEGONUSA.com.

This authorization extends only to scheduled payments specifically required under the loan documents, including changed payment amounts. It does not apply to the payment due on the maturity date. If your loan requires “escrow” payments for taxes, insurance premiums, or similar expenses, and if the escrow payment changes, we will advise you at least ten (10) days before debiting your account. Unless you challenge the new escrow amount, this authorization will extend to it.

If for any reason we do not receive an authorized payment that we have attempted to process, you must pay by other means. If funds were available but the transfer failed, we will waive any late fee. Otherwise, the late fee shall apply. We reserve the right to require future payments by check or wire if two such late fees are incurred.

If we make a mistake handling a payment, we will correct it promptly. You agree that the correction shall resolve any related claim, including for consequential damages. You release us and the lender from any claim that ACH payments are not permitted by law or under the loan documents.

While this authorization is in force, you will not receive monthly bills, except for your final loan payment, which shall be paid by check or wire transfer. To view information about your loan, please contact us regarding our Borrower Viewpoint online service.

I have read and acknowledge the foregoing terms and conditions and acknowledge that I am authorized to execute this “Authorization for Direct Payment via ACH” Form:

Name(s): _____
(Please Print)

Signature(s): _____ Date: _____