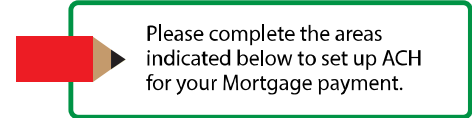


*Tired of Writing Checks
and Paying Postage?*



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 **TWO** copies of this Automatic Payment (ACH) Authorization form. Retain one copy for your records and return the other with an unsigned voided check or encoded deposit slip preprinted with your name, account number and bank's ABA number to: PO Box 32890, Louisville KY 40232-2890. Your bank's 9-digit ABA number is located on the bottom 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.

SYB Customer: Please complete two copies and retain one for your records.
SYB Representative: If you are helping a customer with this form, remember to give them a copy for their records, as required by law. If you are providing a blank copy for the consumer to fill out at home, remember to give them two copies (one to return and one for their records).

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 the address above.