



AUTOMATIC PAYMENT DEDUCTION PROGRAM

We are pleased to offer you a convenient, hassle free way to make your monthly loan payments. With our Automatic Payment Deduction Program, your monthly payment will be automatically deducted from your designated checking account, eliminating the need to mail a check or to send an online bill payment each month. There are no costs to enroll in the Automatic Payment Deduction Program and it is a great way to ensure your payments are always on time!

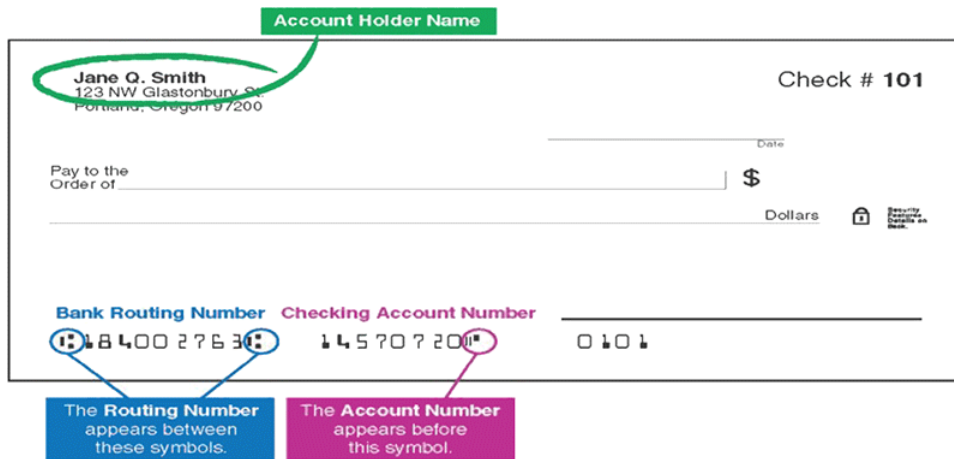
Borrower: _____ Co Borrower: _____

To take advantage of this valuable service, please follow these steps:

- 1) Sign and complete the authorization form below
- 2) Attach a **VOIDED BLANK CHECK FROM THE CHECKING ACCOUNT**
- 3) Return both the signed and completed authorization form and a voided check to:

Comerica Consumer Loan Customer Service
P.O. Box 71203
Philadelphia, PA 19176

Automatic payment deduction takes approximately 30 days to set up. Please continue to make your scheduled payments until we notify you in writing that this payment service has been established. If you decide to cancel this service, you must notify us at least 10 business days prior to your next due date by either calling us at 855-451-9201, or by writing to the address listed above. Please retain the top half of this form for your records. **Your loan must not be past due to participate in this program.**



I authorize Comerica Bank to automatically withdraw the amount of the loan payment from my checking account designated below on the regularly scheduled due date each month.

Application #/Loan Account # _____ (10-digit for HELOC account number OR 11-digit for Installment loan account number)

Monthly Payment Amount according to your loan Terms and Conditions will be deducted from your account. If you would like an additional amount deducted from your deposit account and applied to your principal balance monthly, complete section below:

HELOC-Additional Principal Payment Amount: \$ _____ INSTALLMENT LOAN-Additional Principal Payment Amt: _____

If no additional amount is indicated, the monthly payment will be deducted. This will include monthly payments related to any HELOC fixed rate portion balance you elect.

Checking Account Holder Name: _____ Checking Account #: _____

Bank Name: _____ Bank Routing #: _____ (9-digits only)

Checking Account Owner's Signature: _____ Date: _____