



AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

Borrower authorizes Aegon USA Realty Advisors, LLC ("Servicer"), as servicer for Equitable Financial Life Insurance Company, Pacific Life Insurance Company, and Equitable AgriFinance, LLC to electronically debit the following account:

Borrower Name ("Borrower"):	Loan Number:
Depository Name ("Depository"):	Account Number:
Routing Number:	Debit Amount:
Checking Account Savings Acco	ount
First ACH Month:	Frequency: (i.e. monthly)
Date of debit: If the 1st calendar day of the month fall on the next business day.	s on a weekend or a bank holiday, then the draft will occur
	A LETTER FROM YOUR BANK ON ITS LETTERHEAD WITH IBER, ALONG WITH THIS COMPLETED FORM TO:
	rvicing@aegonam.com
, ,	cation may not take effect for up to fifteen (15) calendar e this authorization or change the bank account by written A 52499-5443 or by e-mail to
This authorization extends only to scheduled payments changed payment amounts. It does not apply to the pay check or wire transfer. If your loan requires "escrow" pexpenses, and if the escrow payment changes, we will account. Unless you challenge the new escrow amounts	payments for taxes, insurance premiums, or similar advise you at least ten (10) days before debiting your
other means. If funds were available but the transfer fa	nent that we have attempted to process, you must pay by tiled, we will waive any late fee. Otherwise, the late fee ments by check or wire if two such late fees are incurred.
	rect it promptly. You agree that the correction shall resolve s. You release us and the lender from any claim that ACH ocuments.
To view information about your loan, please contact us have any questions, please contact us at aamservicing@	s regarding our Borrower Viewpoint online service. If you @aegonam.com.
I have read and acknowledge the foregoing terms and this "Authorization for Direct Payment via ACH" Form	conditions and acknowledge that I am authorized to execute m:
Name(s):	
(Please Print)	
Signature(s):	Date: