

(Please copy this form onto bank letterhead, then complete all blanks in the 3 sections, signing where indicated. Thank you.)

U.S. Mortgage Reduction, Inc.
1282 NE Business Park Place
Jensen Beach, FL 34957-5398

RE Bank Customers: _____

To EAP Contracts Processing Department:

The customer(s) named above have opened a checking account with our bank, and have not yet had checks printed. We understand that only a checking account can be drafted for your Equity Acceleration Program (EAP). The following information is provided for the purpose of debiting through the ACH system.

1

Bank Name _____

Bank Address _____

City, State, Zip _____

Bank Phone Number (_____) _____

Routing/ABA Number _____

Checking Account Number _____

Please specify the number of signatures required for each transaction _____

List all authorized signer(s) _____

Bank Representative Signature: _____

Printed Name of Representative: _____

Title and/or Department: _____

* * * * *

I/We certify that this bank confirmation letter is being submitted to U.S. Mortgage Reduction, Inc. in lieu of a voided check from the checking account I/we have authorized to be debited on the Equity Acceleration Program - Part B: Biweekly Client Enrollment Application. All authorized signers on this account are named above, and have signed on Part B and below:

2

Signature of Checking Account Authorized Signer

____/____/____
Date

Signature of Checking Account Authorized Signer

____/____/____
Date

Signature of Checking Account Authorized Signer

____/____/____
Date

* * * * *

3

Print Name(s) of EAP Client(s) if different from Checking Account Authorized Signer(s):

_____, _____, _____
EAP Client #1 EAP Client #2 EAP Client #3