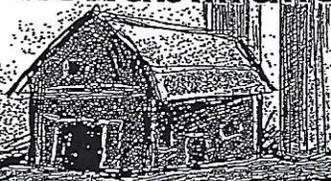


New Mexico Rural Rehabilitation Corporation

Office located at:
917 Alvarado Dr. NE
Albuquerque, NM 87108

Mailing Address:
P.O. Box 81554
Albuquerque, NM 87198-1554



Phone: 505-256-7649
Fax: 505-266-4960
e-mail: info@NMRuralRehab.com
Web: www.NMRuralRehab.com

Authorization Agreement for Electronic Payments

NMRRC Account Number(s) _____

Payor (Borrower) Information

Please check here if providing new Borrower information

Name: _____ Social Security # _____
(As it appears on your bank account)

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Your Financial Institution Information

Please check here if providing new Bank information

Financial Institution Name*: _____

Branch: _____ Bank Phone: () _____

Address: _____ City/State/Zip _____

Bank Routing # _____ Account # _____

Account is: Checking Savings

*Note: If your Financial Institution is a credit union- please verify Account # and Routing # for electronic payments BEFORE submitting this form as they may differ from the number(s) on your checks.

Payment Method

Please deduct my interest payment amount of \$ _____ from my account one month from the date of disbursement of my loan which is _____ and on the same date each month until I have completed school and the six month forbearance period. On the seventh month please deduct my full payment of \$ _____ (minimum of \$25.00) from my account on the same day each month thereafter until the loan is paid in full. (With notice NMRRC may change this date if necessary)

Special Instructions:

Authorization

I hereby authorize New Mexico Rural Rehabilitation Corporation to deduct my payment(s) from the account(s) listed above. This authority is to remain in full force and effect until written notice from me has been received by the company in such a manner as to afford reasonable time to act on it.

There is no charge for this service except: I acknowledge there will be a fee of \$35.00 plus a 5% late fee added to my account balance for each electronic payment request that is denied by my bank because of non-sufficient funds and/or any other reason. If these fees are changed, I will receive written notice at least 30 days prior to the change.

Signature: _____ Date: _____