STERLING TRUST
A Division of Equity Trust Company

P.O. Box 2526, Waco, TX 76702-2526
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DEBT FINANCING PAYMENT AUTHORIZATION

PLEASE PRINT CLEARLY. A DELAY IN PROCESSING MAY OCCUR IF INSTRUCTION IS UNCLEAR.

Reset Form

1 ACCOUNT HOLDER INFORMATION

ACCOUNT HOLDER NAME	ACCOUNT NUMBER
EMAIL ADDRESS	

2 PROPERTY INFORMATION

SHORT PROPERTY DESCRIPTION
PROPERTY ADDRESS

3 PAYMENT INSTRUCTIONS

Please choose one of the following options:

☐ I authorize my Property Manager to make periodic payments from income generated by the Property and/or funds provided by my Sterling account. I understand my Property Manager must provide monthly or quarterly reports to Sterling of all rents received, expenses paid and remaining note balance.

☐ I authorize Equity Trust Company to make periodic debt payments as instructed below.

LENDER INFORMATION

LENDER NAME		LOAN OR REFERENCE NUMBER
ADDRESS	PHONE NUMBER	
CITY	STATE	ZIP CODE

PAYMENT INFORMATION

PAYMENT AMOUNT	DATE OF FIRST PAYMENT	/ /

Subsequent payments should be processed on the _____ day of each month. ***(Must specify an exact date.)***

Note: Should your processing date for debt payments fall on a weekend or holiday, the payment will be processed the following business day, provided funds are available.

Checks will be sent via U.S. First Class Mail.

SIGN & DATE

I understand and acknowledge that all provisions under my executed ***Real Estate Direction of Investment*** will also apply to the periodic debt payments authorized by my execution of this ***Debt Financing Payment Authorization.*** I further agree to indemnify Sterling Trust for any and all payments or assessments which may result from holding the Property within my account, and further agree that Sterling Trust shall be under no obligation whatsoever to extend credit to my account or otherwise disburse payment beyond the cash balance of my account for any payment or assessment related to the Property. I authorize Sterling Trust to continue making this periodic payment until instructed in writing by me or my authorized representative to stop the periodic payments.

_____ _____
Signature of Account Holder Date