ACH AUTHORIZATION FORM REMITTANCES

PURPOSE: This form is used to establish an account with Servicer's banking institution that will

enable the Servicer to remit monies due the Veterans Land Board (VLB).

SUBMISSION

REQUIREMENTS: Fax copy of form to VLB and Email to Administrator. Attach a voided check or

deposit slip for the account to be debited. Administrator will forward to the Servicer a location number and password Series authorized by the VLB for remittances.

PREPARATION INSTRUCTIONS

The numbers on the illustrated form correspond to the numbers listed below.

- (1) Name of Servicer's banking institution.
- (2) Name of Bank Branch.
- (3) Bank's city, state, and zip.
- (4) ABA number for Bank.
- (5) Company account number to be debited.
- (6) List applicable Bond Series or note "ALL" to include all Bond Series.
- (7) Circle type of account to be debited.
- (8) Servicer name.
- (9) Four digit number assigned by the Administrator.
- (10) Servicer's telephone number.
- (11) Name of person authorizing debits.

VETERANS LAND BOARD ACH AUTHORIZATION FORM DEPOSITORY INFORMATION (REMITTANCES)

Please provide the completed form to BOTH of the following:

Veterans Land Board Nations tar Mortgage LLC

Fax No. (512)305-9273 Email: Joseph.King@Nationstarmail.com

As an officer of the company referenced below, I hereby authorize the Texas State Treasury, on behalf of the Veterans Land Board, hereinafter called the BOARD, to draft the following account for funds due the BOARD.

| Depository Name: | | 1. | | Branch: | | 2 | | |
|------------------|---|--------|----------|---------|---|---|--|--|
| City: | 3 | | State: | Zip: | | | | |
| Transit/ABA No.: | 4 | | Account: | | 5 | | | |
| Bond Series: | 6 | | | | | | | |
| Account Type: | | Demand | Savings | 7 | | | | |

This authority is to remain in full force and effect until the BOARD has received written notification requesting termination in such time and in such manner as to afford BOARD and Depository a reasonable opportunity to act on it.

| Servicer Name: | 8 | Servicer No.: 9 | |
|----------------------|----|-----------------|--|
| Telephone No.: | 10 | | |
| Name (Please Print): | 11 | | |
| Signature: | | Date: | |
| Title: | | | |
| | | | |

| Treasury Use Only: Location Number: | Password: | |
|-------------------------------------|-----------|--|
| | | |

Attach voided check or deposit slip here.

FORM SG-28