

[CST\_CDT]  
[CON\_ADDR]

RE: Loan ID: [CON\_LN]


Dear [MBR\_CNAMS],

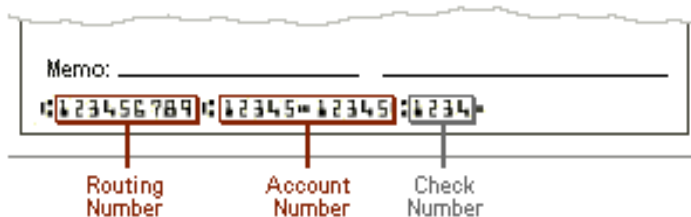
Grand Vacations Resort Services, Inc. would like to introduce you to our SurePay Automated Payment Plan. SurePay can simplify making payments on your account. With SurePay, you will no longer need to write a check, find the coupon or mail the payment. Instead, your payment will be automatically debited from your savings/checking account on a monthly basis, which will allow you to save time, postage and inconvenience. Additionally, your bank statement will provide a permanent record of your payments.

**Fill-out the ACH SurePay form** and return to:

Grand Vacations Resort Services, Inc.  
Attn: Portfolio Management Department  
1450 Center Crossing Rd.  
Las Vegas, Nevada 89144

To expedite the process, you may fax the form to 702.765.8725.

 The check image provides guidance on the bank information to enter on the form.



**Please be advised that your last payment may not be automatically debited from your account due to a difference in the scheduled drafted amount.**

Should you have any questions regarding SurePay, please call at 877.374.2582 or email [financialserviceshelp@hgv.com](mailto:financialserviceshelp@hgv.com).

We appreciate your business and welcome the opportunity to address your future customer service needs.

Sincerely,

Grand Vacations Resort Services, Inc.

**AUTOMATIC LOAN PAYMENT PROGRAM ("SUREPAY") AUTHORIZATION  
FORM FOR DIRECT PAYMENTS (ACH DEBITS)**

**IMPORTANT:** Return by mail to Grand Vacations Resort Services, Inc.  
Attn: Portfolio Management Department, 1450 Center Crossing Rd., Las Vegas, Nevada 89144 or fax to  
702.765.8725.

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

*I/We hereby authorize Grand Vacations Resort Services, Inc. or successor servicer, hereinafter called COMPANY, to initiate monthly debit entries to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I/We acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of applicable law.*

Depository Name:	City:	State:	Zip:
Routing No.:	Account No.:	Payment Amount: [MONTHLY_PMT]	Additional Principal:
Account Type (Select One):	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	

**AUTHORIZATION NOTE:** *This authorization is to remain in full force and effect until COMPANY has received written notification from me/either of us of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Please allow 10 days for all changes to be effective.*

Print Name:	Loan Account Number: [CON_LN]
Signature:	Date: