



ACH Authorization Form

I/we authorize First Bank and/or SBA Complete Inc. to act on behalf of Lender to initiate debit entries to my/our account at the depository institution listed on the attached voided check, periodically as such amounts become due according with the terms the Note, without further authorization.

Voided Check:

See Attached, Voided Check	
Regular Loan Payment Amount:	As Scheduled on Loan (Refer to Note)
Plus Extra amount to Principal:	
Extra Days:	
Loan No.:	
Next Payment Start Date:	
Name of Financial Institution:	
Location (City and State):	
Financial Institution Routing/Transit Number (9 digits):	
<input type="checkbox"/> Checking or <input type="checkbox"/> Savings Acct. No.:	

I/we warrant that I am/we are the owner(s) of this account or that I/we have sufficient authority to withdraw funds from this account. I/we further warrant that there are and will continue to be sufficient funds in the account to cover the amount of the request, and understand that should the debit be returned unpaid for any reason, I/we will immediately reimburse Lender for the full amount of the transfer. I/we acknowledge that the organization of this/these transactions must comply with the provisions the U.S. and California law and the rules and guidelines established by the National Automated Clearing House Association. I/we understand that this authorization will remain in full force and effect until Lender or Service Agent has received written notification form me/us of its termination in such time and in such manner as to afford Lender and/or Service Agent to act on it. I/we further understand at any time for any reason I/we or Lender may voluntarily terminate ACH payments if funds in the account are insufficient to cover any payment due on the loan, Lender shall not be obligated to advance funds to cover the payment.

Date:

✓		
By:		