

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

As a duly authorized check signer on the financial institution account identified below, I authorize to perform monthly electronic funds transfer debits from the account identified below for payments due or when applicable. This also applies to payments that I authorize by phone. The amount of the monthly electronic funds transfers shall equal the amount as is detailed in the applicable Secured Promissory Note and Agreement (the "Note") or Equipment Lease (the "Lease") wherein is the named Maker or Lessee and this amount shall not change unless a written amendment to the Note or Lease is properly signed by all applicable parties or miscellaneous charges as detailed in the Note or Lease are imposed.

Authorizing Signature: _____ / ____ /201____
Date

Attach blank VOID Check here	
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AND

Confirm Check information	Financial institution:		Branch:	
	City:	State:		ZIP CODE:
	9 Digit Transit/ABA #	Account Name		Account #