# Authorization Agreement for Direct Debits to Bank Account (ACH)

| COMPANY/INDIVIDUAL NAME | TAX ID/SSN NUMBER |
|---|---|
| | |

**CHECK ONE:**

| ❑ ADD<br>(New Direct Debit Participant) | ❑ CHANGE<br>(Financial Institution and/or Account #) | ❑ DELETE<br>(Cancel Participation in the Program) |
|---|---|---|

Monthly Payment Amount: $_____(range from min-max)

Debits will be processed on the 1st day of each month, unless that days falls on a Saturday, Sunday or holiday in which case it will be processed the next business day.

If your payment is returned unpaid due to insufficient funds or incorrect banking information, you authorize us to make a one-time electronic fund transfer from your account to collect a fee of $35.

I (we) hereby authorize Loan Ranger Capital Investments, LLC, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to debit and/or debit the same to such account.

| DEPOSITORY FINANCIAL INSTITUTION | | BRANCH |
|---|---|---|
| CITY | STATE | ZIP CODE |
| | | |

TRANSIT ROUTING NUMBERS

| ⑈ | | | | | | | | | | ⑈ |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |

ACCOUNT NUMBER INFORMATION

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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☐ CHECKING ☐ SAVINGS

This authority is to remain in full force and effect until COMPANY has received written notification from the borrower of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. **Please confirm the appropriate routing number with your financial institution for ACH entries, as it may differ from the Routing Number on your checks**

| NAME(S) - Please Print | | |
|---|---|---|
| ADDRESS | CITY/STATE | ZIP CODE |
| SIGNED | | DATE |