



**AUTHORIZATION AGREEMENT FOR ACH WITHDRAWALS**

I (we) hereby authorize Alliance Servicing, LLC, and its affiliates and assigns (collectively "COMPANY") to initiate debit entries for any amounts due and owing under my (our) loan agreements with COMPANY to my (our) account at the depository financial institution indicated on the following page ("BANK").

This authorization does not change the terms of your loan. You remain responsible for making the payments if funds cannot be automatically debited from your bank account. In addition, if funds are not available when a payment is due, you agree to pay any late charges, interest, and other amounts due under your loan agreement(s) as well as any expenses incurred by COMPANY for every unsuccessful debit attempt. You represent a warrant to COMPANY that the following account is a commercial account established in connection with your business and not primarily for personal, family, or household purposes. The transactions made pursuant to this authorization are initiated through the Automated Clearing House of the Federal Reserve and may be governed by the rules of the Automated Clearing House. COMPANY may modify or terminate this service at any time without notice. **This authorization will remain in full force and effect until COMPANY has received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.** In no event shall a termination be effective earlier than 15 days after the COMPANY'S receipt of such written notice.

NAME(S) \_\_\_\_\_  
(PLEASE PRINT)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME(S) \_\_\_\_\_  
(PLEASE PRINT)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**Authorization to withdraw payments from your account via ACH**

**Bank Account Information:**

Name: \_\_\_\_\_

Name as shown on Account: \_\_\_\_\_

Address as shown on Account: \_\_\_\_\_

Account Type:       Checking       Savings

Bank Name: \_\_\_\_\_

Your Account #: \_\_\_\_\_

Bank Routing/ABA #: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

To ensure proper processing please attach a copy of a voided check on this account.



