

LOU BUDKES ARROW FINANCE

ACH DEBIT AUTHORIZATION AGREEMENT

ACH DEBIT AUTHORIZATION FORM

AUTHORIZATION AGREEMENT - FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

COMPANY NAME

LOU BUDKES ARROW FINANCE

FEDERAL ID NUMBER

43-0624401

I (we) hereby authorize Lou Budke's Arrow Finance hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository names below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME

BRANCH

TRANSIT/ABA NUMBER

CITY, STATE, ZIP

ACCOUNT NUMBER

This authority is to remain in full force until COMPANY and DEPOSITORY has received written notification from me (or 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. I (or either of us) have the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

\$

MONTHS

LOAN #

MONTHLY WITHDRAWAL DATE

TODAY'S DATE

SOCIAL SECURITY #

NAME

(please print)

SIGNATURE

NAME

(please print)

SIGNATURE

****IF CHECKING ACCOUNT IS JOINT BOTH MUST SIGN AND
BOTH SOCIAL SECURITY NUMBERS MUST BE LISTED
BELOW****

**PLEASE ATTACH A VOIDED CHECK FROM THE ACCOUNT
LISTED ABOVE.**