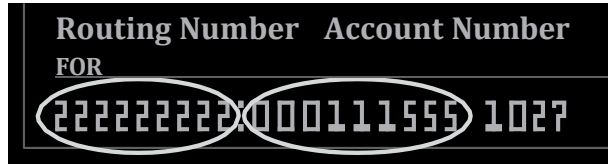


Bank Name _____
Name on Acct. _____
Account type: Checking Savings
Account Number _____
Bank Routing # _____
Bank City/State _____



I approve an **ADDITIONAL PRINCIPAL** amount of \$_____ to be withdrawn from each bi-weekly draft.
(enter \$0 if no additional amount is requested)

BANK ACCOUNT HOLDER'S SIGNATURE _____ DATE _____

By signing above, you authorize us to electronically withdraw bi-weekly payments plus any additional principal you authorize from the bank account provided on the date specified, or on the next business day if that date falls on a non-banking day. You understand that this authorization will remain in effect until you request a stop payment by notifying us, orally or in writing, at least 5 business days before the scheduled payment date, using the contact phone number or address listed above. We may require you to submit written confirmation of the stop payment order within 14 days of any oral notification and will notify you if that is the case at the time of oral cancellation. Oral stop payment orders cease to be binding after 14 days if required written confirmation is not provided. You understand that because this is an electronic transaction, the funds may be withdrawn from your account on or after the noted transaction dates. If an ACH transaction is rejected for Non-Sufficient Funds (NSF), we may, at our discretion, attempt to process the charge again within 30 days. You agree to an additional charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. You further authorize us to initiate electronic transactions that may be necessary to reconcile errors related to electronic transactions. By signing above, you acknowledge you have read this agreement and agree to its terms and will keep a copy for your records.