

CAPITOL

PAYMENT PLAN

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

BUSINESS AUTHORIZED TO DEBIT/CREDIT ACCOUNT

Authorized Business Name

Capitol Payment Plan (hereinafter called COMPANY)

Authorized Business Address

6200 Canoga Ave., #400, Woodland Hills, CA 91367

ACCOUNT HOLDER INFORMATION

Account Holder Name

Account Holder DBA (if business account)

Account Holder Phone

Account Holder Address

City

State

Zip

Contact Name (if different from above)

Relationship

Contact Phone

Account/Loan Number

ACCOUNT HOLDER'S BANK ACCOUNT INFORMATION

Bank Name

Bank Account Type

Checking

Savings

How to find your Routing and Account Numbers on your check:

⑆ 1 2 3 4 5 6 7 8 9 ⑆ 1 2 3 4 5 6 7 8 9 0 1 2 3 ⑆

Bank Routing Code

Bank Account Number

Bank Routing Number (9 digits)

Bank Account Number

AUTHORIZATION

I (we) hereby authorize COMPANY or its assignee to withdraw loan payments from my account with the financial institution I have indicated. The financial institution is authorized, pursuant to the terms of any respective premium finance agreement I may have with the COMPANY, to debit the amount(s) currently due, including any fees or other charges.

The authority remains in effect until I give 30 days written notice of its termination or until the COMPANY or my financial institution provides 10 days notice that this direct debit has been terminated. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If ever an incorrect amount should be entered into my account, I authorize my financial institution to make the appropriate adjustment.

Account Holder Name (please print)

Date

Account Holder Signature