



Automatic Transfer Authorization

WELLS FARGO BANK, N.A. ("Bank") is hereby requested and authorized to charge deposit account number, _____ ("Account and Routing #") held in the name of _____ ("Account Holder Name") [at _____] ("Institution Name") for all payments as they become due on the loan or line of credit, _____ ("Loan Customer Number"), _____ ("Obligation Number") which Bank has granted, or may hereafter grant, to _____ ("Borrower"), as evidenced by a promissory note or confirmation letter dated as of _____ (Date of Note), and all extensions, renewals and modifications of, and replacements or substitutions for, said promissory note, or confirmation letter.

Authorization is to debit all payments, including but not limited to principal, interest, fees, charges and other amounts due Bank on or in connection with the above referenced loan.

Complete this section **only if** authorizing an amount in excess of the regularly scheduled payments to be applied to principal.

Payment amount _____ (extra amount to be applied to principal).

- Increase regular scheduled payments (place an X in the box)
- Other (please add comments) _____

Note: If it is a floating rate loan with re-amortization, any additional payments will impact the payment amount upon re-amortization.

This authorization shall remain in full force and effect until written revocation from the Account Holder has been received by Bank at its Business Banking Division Office at _____ and such revocation has been received and processed by Bank.

If Borrower is the Account Holder, the following will apply:

Borrower hereby certifies to Wells Fargo Bank, National Association that the execution, delivery and implementation of this authorization has been duly authorized and is within its powers, and that each individual who signs this authorization is duly authorized to undertake such activity as an authorized signer of the Borrower.

If Borrower is not the Account Holder, the following will apply:

Borrower acknowledges and agrees that the fact that Bank is authorized to charge the above-described account for certain payments due from Borrower does not in any way affect or reduce Borrower's liability, or release Borrower from liability, for any amounts owing from Borrower to Bank in accordance with the applicable loan documents. Borrower further agrees and promises to pay to Bank, immediately upon demand, the full amount of all sums charged to said account pursuant to this authorization and which Bank is required to turn over or restore to Account Holder, any trustee-in-bankruptcy or any other person,

whether as a result of any proceedings in bankruptcy or reorganization or otherwise. The determination as to whether any amount so charged must be turned over or restored shall be made by Bank in its sole discretion; provided however, that if Bank chooses (but in no event shall Bank be obligated) to contest any such matter at the request of Borrower, Borrower agrees to indemnify and hold Bank harmless from and against all costs and expenses, including reasonable attorneys' fees, expended or incurred by Bank in connection therewith, including without limitation, in any litigation with respect thereto.

Borrower and Account Holder acknowledge that Bank has made no representations and furnished no advice as to the tax consequences of the matters covered by this authorization.

Account Holder hereby certifies to Wells Fargo Bank, National Association that the execution, delivery and implementation of this authorization has been duly authorized and is within its powers, and that each individual who signs this authorization is duly authorized to undertake such activity as an authorized signer of the Account Holder.

The undersigned have executed this Authorization as of _____ (Date Signed).

BORROWER:

Signature:

Print Name:

Title (if applicable):

Signature:

Print Name:

Title (if applicable):

ACCOUNT HOLDER (to be completed if Account Holder is not the same as Borrower):

Signature:

Print Name:

Title (if applicable):

Signature:

Print Name:

Title (if applicable):

FOR BANK USE ONLY:

Submitted by:

Phone Number:

Business Banking Office Name:

AU or Cost Center Number:

Please attach a VOIDED CHECK along with this form for verification.