AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)

BORROWER NAME	BORROWER LOAN. NUMBER
ADDRESS (STREET) (CITY)	(STATE) (ZIP)

I (we) hereby authorize Terrix Financial Corporation, herein called Company, to initiate debit and/or credit entries of $_____.__ (which may be changed with at least 10 days prior written notice) to my (our) account indicated below and depository named below, herein called Depository, to debit the same to such account.

Select one: ❑ **Checking** ❑ **Savings**

DEPOSITORY FINANCIAL INSTITUTION NAME

TRANSIT ROUTING NUMBERS **Check Digit** **ACCOUNT NUMBER INFORMATION**

TRANSIT **ABA** **Designated by Federal Reserve**

DAY OF MONTH TO PULL PAYMENT ❑ **1st** ❑ **5th** ❑ **10th** ❑ **Other _____**

This authority will need to remain in effect until Terrix Financial Corporation (TFC) has received written notification from you of the termination of this agreement at least 30 business days prior to the next debit to afford TFC and a reasonable opportunity to act on it.

NAMES		TAX I.D. NUMBER
DATE SIGNED *X*	DATE SIGNED *X*	

revised 9-17-19