ONE TIME ACH Payment Authorization

You authorize a one-time charge from your checking/savings account. You will be charged the amount indicated below. The charge will appear on your bank statement as an "ACH Debit". You agree that no prior-notification will be provided.

I _____ authorize <u>Arkansas Development Finance Authority</u> to
        (Full Name)   (Merchant's Name)

charge my bank account indicated below for $_____ on _____.
                                            (Amount $)   (Month/Day/Year)

This payment is for _____, _____
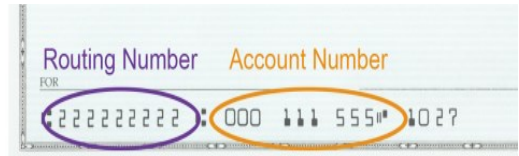   (Borrower's Name)   (Loan Number)

Billing Information

Billing Address _____   Phone # _____

City, State, Zip _____   Email _____

Bank Details

☐ Checking   ☐ Savings

Account Name   _____
Bank Name   _____
Account Number   _____
Routing Number   _____

Attach a voided check or deposit slip (if savings account) for the account.

I understand that this authorization will stay in place unless I cancel it in writing, and I agree to notify Arkansas Development Finance Authority in writing of any needed changes or termination of this authorization at least 48 hours prior to the draft date. If the above-noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the event of the ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Arkansas Development Finance Authority may require only certified funds to be accepted for payment on this account, and an additional $25.00 charge for each attempt that returns NSF can be applied to the loan. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute a scheduled transaction with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____   DATE _____
               (Account Holder's Signature)

Mail to: Arkansas Development Finance Authority   Email to: ADFA.Loan.Servicing@arkansas.gov
             Attention Loan Servicing
             P.O. Box 8052
             Little Rock, AR 72203