



Recurring ACH Payment Authorization

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period. The charge will appear on your bank statement as an "ACH Debit". You agree that no prior-notification will be provided.

I _____ authorize Arkansas Development Finance Authority to
(Full Name) (Merchant's Name)

charge my bank account indicated below for \$ _____ beginning _____.
(Amount \$) (Month, Year)

Draft Date for each month: 3rd 5th 10th 18th 22nd

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

Billing Information

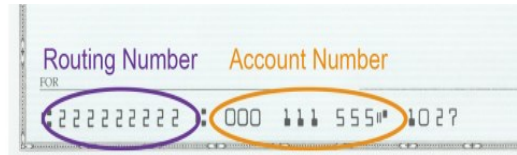
Billing Address _____ Phone # _____

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 remain in effect until I cancel it in writing, and I agree to notify Arkansas Development Finance Authority in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing 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. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Arkansas Development Finance Authority may terminate this agreement and only certified funds will be accepted for payment on this account. 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 these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Account Holder's Signature)

DATE _____

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

Email to: ADFA.Loan.Servicing@arkansas.gov

