



## ACH RECURRING PAYMENT AUTHORIZATION FORM

By signing below, I/we authorize and direct New Funding Resources LLC, located at 806 West Diamond Ave., Suite 340, Gaithersburg, MD 20878, and its successors and/or assigns to debit the bank account indicated below on the 1<sup>st</sup> day of each month for payments of my/our recurring/monthly obligations.

Borrower Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Property Address: \_\_\_\_\_

Amount to Be Transferred Monthly (Your Monthly Payment): \_\_\_\_\_

Date to Start Monthly Transfers: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank City/State \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account Type: Checking / Savings

**-----ATTACH A COPY OF VOIDED CHECK TO THE NEXT PAGE-----**

I understand and agree that any and all changes in my account information, including requests to terminate this agreement, must be in writing and be delivered to New Funding Resources at the above address at least 21 days prior to the next due date. If the payment due date falls on a weekend or holiday, I understand and agree that the payment may be executed on the next business day. I understand and agree that as this is an electronic transaction, adequate funds must be available for withdrawal from my account by the payment due date. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), submission error, or other bank-related return reasons, I understand and agree that the company may at its discretion resubmit the ACH debit transaction within thirty (30) days. I understand and agree that, in accordance with the loan documents, a late charge will be assessed if the amount due is not received in good and collected funds by the end of the grace period. I also understand and agree that a return item charge may be assessed for each returned ACH debit. I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law and agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form. Failure to maintain ACH payments as requested herein shall be considered an event of default under the loan documents.

Agreed to this (Date) by:

Signature of Authorized Signer on Account: \_\_\_\_\_

Signature of Authorized Signer on Account: \_\_\_\_\_



ATTACH A COPY OF VOIDED CHECK HERE

John Doe  
123 Main St  
Anywhere US 10111

Date \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$  DOLLARS

**VOID**

Your Bank  
456 Main St  
Anywhere US 10111

MEMO \_\_\_\_\_

i: 123456789 i: 1001001234 i: 0700