

## ACH DEBIT AUTHORIZATION AGREEMENT

I hereby authorize The Cooperative Finance Association, Inc., 10100 N Ambassador Drive, Suite 315, Kansas City, MO 64153 ("CFA") to initiate debit entries and initiate, if necessary, credit entries and adjustments for any debit entries in error to our Financial Institution ("FI"), information for which is shown below.

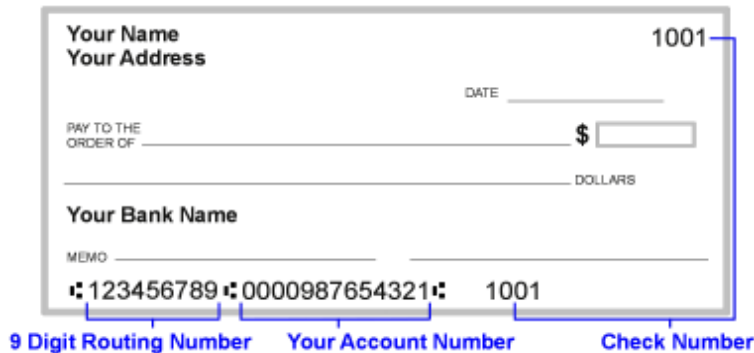
Further, I agree to not hold CFA responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my FI or due to an error on the part of my FI in depositing funds to CFA.

### CUSTOMER INFORMATION

Customer Name	CIF Number (First 6 digits of CFA Loan Number)	
City	State	Zip
Email	Phone Number	

### FINANCIAL INSTITUTION INFORMATION

Depository Name (Bank)		
City	State	Zip
ABA Routing Number	Account Number	



This Agreement is to continuously remain in full force, until terminated. Either party may terminate the Agreement for any reason or no reason at all at any time. If the Borrower is the terminating party, the notice of such termination must be provided in writing at the address shown above or by email to [loanaccounting@cfafs.com](mailto:loanaccounting@cfafs.com). Notice of termination by Borrower will be in such time and in such manner as to afford CFA and FI a reasonable opportunity to act on it. If CFA is the terminating party, the notice of such termination must be provided in writing at either the postal or email address shown above.

### AUTHORIZATION

Authorized Representative's Name (Printed)	Title
Signature	Date

It is acknowledged that a copy of this Agreement shall serve as a signed original for means and purposes.