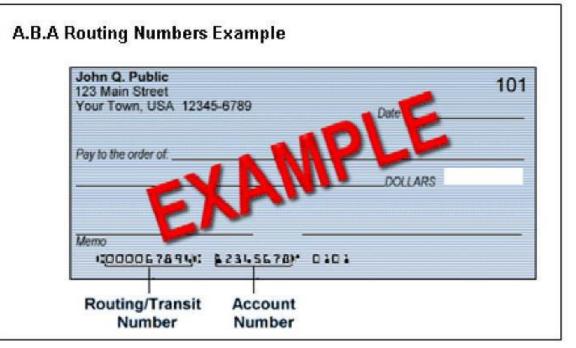


| Indicate Draft Day:  | 1 <sup>st</sup> through 15 <sup>th</sup>  | ACH AUTHORIZATION FORM   |  |
|--|---|--|--|
| Call 1-800-919-0068 to confirm the draft date and fax the completed form to 702-670-4025 |   |  |  |
| Loan Number:   |   |  |  |
| C  | CREDIT/DEBIT AUTH   | ORIZATION FORM   |  |
| Checking/Savings accounts<br>necessary, initiate adjustm<br>effect until Village Capital | s at the financial institution list<br>lents for any transactions cred<br>& Investment, LLC is notified b | c. (THE COMPANY) to initiate entries to my (our) seed below (THE FINANCIAL INSTITUTION), and, if lited/debited in error. This authority will remain in by me (us) in writing to cancel it in such time as to CIAL INSTITUTION a reasonable opportunity to act on |  |
| Name of Financial Institut   | tion – Your Bank  |  |  |
| Address of Financial Instit  | tution – <i>Branch, City, State, a</i>  | nd Zip Code  |  |
| Borrower's Signature   |   | Date   |  |
| Borrower's Name – Pleas  | e Print   |  |  |
| Borrower's Address – Plea  | ase Print   |  |  |
| Designate amount of mor  | nthly draft:  |  |  |
| Regular Payment: \$  | regular sc  | heduled monthly payment (including Impounds)   |  |
| Regular Payment plus   | additional principal: \$  | Additional \$  |  |
|  |   |  |  |



| Routing Number:                    |  |
|------------------------------------|--|
| Checking or Savings Account Number |  |



<u>000006789</u> <u>12345678</u> Routing Number Account Number

Please also provide a voided check for checking account withdraw