



Indicate Draft Day: _____ 1st through 15th

ACH AUTHORIZATION FORM

Call 1-800-919-0068 to confirm the draft date and fax the completed form to 702-670-4025

Loan Number: _____

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize Village Capital & Investment, LLC (*THE COMPANY*) to initiate entries to my (our) Checking/Savings accounts at the financial institution listed below (*THE FINANCIAL INSTITUTION*), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Village Capital & Investment, LLC is notified by me (us) in writing to cancel it in such time as to afford Village Capital & Investment, LLC and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name of Financial Institution – *Your Bank*

Address of Financial Institution – *Branch, City, State, and Zip Code*

Borrower's Signature

Date

Borrower's Name – *Please Print*

Borrower's Address – *Please Print*

Designate amount of monthly draft:


___ Regular Payment: \$ _____ regular scheduled monthly payment (including Impounds)

___ Regular Payment plus additional principal: \$ _____ Additional \$ _____

Routing Number: _____

Checking or Savings Account Number: _____

A.B.A Routing Numbers Example



John Q. Public
123 Main Street
Your Town, USA 12345-6789

Date _____

Pay to the order of _____

_____ DOLLARS

Memo _____

⑆00006789⑆ ⑆2345678⑆ 0101

Routing/Transit Number Account Number

00006789 12345678
Routing Number Account Number

Please also provide a voided check for checking account withdraw