AUTHORIZATION FOR ACH DEBIT (External Bank)

Authorization Date:

Note: ACH Debit is the transfer of funds from an account using the Automated Clearing House (ACH) network for the purpose of making a payment.

In this Authorization, the words "I", "me", and "my" mean each Account Owner named below, jointly and singly. A checked box indicates the terms apply to this Authorization.

I authorize the "Authorized Party Financial Institution" (named below) to electronically debit my account at the "Depository" (named below) (and, if necessary, electronically credit my account to correct erroneous debits) for the payment(s) described below.
I agree ACH transactions I authorize comply with all applicable laws.
[Non-consumer only: In addition, I agree to be bound by the ACH Rules.]

TRANSACTING PARTIES:

Your Name (Authorized Party):
Your Address:
Authorized Party Financial Institution: Old Second National Bank
City: Oak Brook **State: IL**
Routing Number: 071900760 **Loan Number:**

Deposit Account Owner Information:
Account Owner Name:
Depository Name:
City: **State:**
Routing Number:
Account Number: **Account Type:** Choose an item.

Authorization Description:

Authorization Type: Choose an item.

☐ **Single Payment Authorization.** This authorization is for a single, one-time payment.
Payment Description: Loan Payment
Payment Amount:
Payment Date:

☐ **Recurring Payment Authorization.** This is for payments that recur at substantially regular intervals without my affirmative action to initiate future entries.
Payment Description: Loan Payment
Payment Amount:

I acknowledge the payment may vary. I have the right to receive notice at least 10 days in advance of the due date of any payment in a varying amount. This will be in the form of my periodic statement.

Payment Starting Date: **Payment Termination Date:**
Number of Payments: **Frequency:** Choose an item.

If a transfer falls on a non-banking day, I agree the transfer will then be made on the first business day after the scheduled payment date.

I understand this Authorization will remain in full force and effect until the payment has been processed (for a Single Entry Authorization) or until the termination date stated above, if a date is entered, or until the Authorized Party Financial Institution has received written notification from Authorized Party in such time and in such manner as to afford the Authorized Party and the Depository a reasonable opportunity to act on it.

Manner of Revocation:
If you wish to revoke this authorization and you have a loan with Performance Finance, you may cancel future payments in the payment portal or by contacting us at customerservice@goperformance.com. You will be asked to provide your request in writing.

If you wish to revoke this authorization and you have a loan with FreedomRoad Financial, you may cancel future payments in the payment portal or by contacting us at freedomroad@FRF1.com. You will be asked to provide your request in writing.

Signature

My account will remain subject to its original terms and conditions, which are not modified by this Authorization.

Account Owner: Date:

X

Account Owner: Date:

X