**AUTOMATIC FUNDS TRANSFER (AFT) AGREEMENT**

| **Account Holder:** | | **Financial Institution:** |
|---|---|---|
| **Name:**<br>**Address:**<br><br><br>**Phone:** | | FreedomRoad Financial, a division of<br>Old Second National Bank<br>FreedomRoad@FRF1.com |
| | | **Telephone Number: 1-866-455-ROAD (7623)** |

| | |
|---|---|
| **TRANSFER FROM:** | |
| **Account Type:** Choose an item. | |
| **Account Number:** | |
| **Purpose of Transfer: Loan Payment** | |
| **Amount:** | |
| | |
| **TRANSFER TO:** | |
| **Loan Number:** | |
| | |
| **INSTRUCTIONS:** | |
| **Frequency:** Choose an item. | |
| **Beginning Date:** | **Ending Date:** |

## AUTHORIZATION

**General**. Account Holder identified above (me, I) hereby authorizes Financial Institution (you) to make the transfer(s) indicated above until further notice from me. If this Agreement changes any prior authorization between you and me, the prior authorization is hereby cancelled, and I instruct you to follow this authorization. I further acknowledge you have no responsibility to contact me when the above transfer(s) occur(s). I understand that I can call you to find out whether or not the transfer has been made. I understand it my responsibility to have sufficient funds available in my account on the transfer date(s) in order for you to make the automatic payment(s). I acknowledge if sufficient funds are not available in my account to cover the amount of the transfer(s), the automatic payment(s) may not be made. I further acknowledge you will not be liable for any charges, including, but not limited to, any late charges or additional interest.

**ACCOUNT HOLDER(S):**

| **Primary Account Holder Signature below:** | **Date:** |
|---|---|
| | |
| **Any Secondary Account Holder Signature below:** | **Date:** |
| | |