



5015 Floyd Road, Suite 300, Mableton, GA. 30126404-551-4398

ACH PAYMENT AUTHORIZATION FORM

authorizes Derobis Enterprises to electronically debit my (our) account (And, if necessary, electronically credit my (our) account to correct erroneous debits¹) as follows:

Bank Account Type:

Checking Account Savings Account (select one)

I authorize electronic ACH debits / credits to the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Name on Account:

Bank Name:

Bank Account Number:

Bank Routing #:

Bank City/State:

This Bank Account is Enabled for ACH Transactions Yes No

Date(s) and/or frequency of debit(s):

One time Recurring (select one)

Dollar Amount \$ Authorized Date .

I (we) understand that this authorization will remain in full force and effect until I (we) notify Derobis Enterprises in writing that I (we) wish to revoke this authorization. I (we) understand that Derobis Enterprises requires at least 15 days prior notice in order to cancel this authorization. This ACH is in contingency of loan approval and disbursement of loan proceeds into my account.

Name(s) (Please Print)

Date Signature(s)

I certify that I am an authorized signer for the account indicated above and that I have the authority to authorize this/these transactions. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date, and that I will have limited time to report and dispute errors. In the case the transaction is returned for Non-Sufficient Funds (NSF) I understand that Derobis Enterprises may at its discretion attempt to process the charge again within 30 days and agrees to an additional \$50.00 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I have certified that the above bank account is enabled for ACH transactions and agree to reimburse Derobis Enterprises for all penalties and fees incurred as a result of my bank rejecting ACH debits or credits as a result of the account not being properly configured for ACH transactions. Both parties agree to be bound by NACHA Operating Rules as they pertain to this transaction. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this transaction with my bank provided the transaction corresponds to the terms indicated in this authorization form.