## A signed, completed copy of this ACH Payment Authorization Form along with a void check or copy of a bank statement indicating your bank account number is REQUIRED for funding.

## There are No Exceptions

I hereby authorize **RCN Capital, LLC** ("Lender") either directly or through its service provider, ("Servicer"), to initiate a debit entry to my account at the financial institution ("Bank") indicated on this form. In the event that the **Lender** debits funds erroneously from my account, I authorize the **Lender**, either directly or through its **Servicer**, to credit my account.

I understand this authorization will remain in effect until my Loan is paid in full. I agree to notify the **Servicer** in writing, at least 10 (ten) days prior to the next billing date, of any changes to my account information. I understand that if an ACH Transaction is rejected for any reason, the **Servicer** may process the charge again within 30 days and I agree to an additional charge for each attempt returned. Any such additional charges will be initiated as a separate transaction from the authorized recurring payment.

I agree not to dispute this recurring billing with my **Bank** so long as the transactions correspond to the terms indicated in this authorization form. I understand the ACH debit amount may change each month in accordance with the interest accrual method per the Note.

I understand that my loan may be serviced by any one of the following **Servicers**: Elite Commercial Servicing, Fay Financial Services, Cohen Financial, Specialized Loan Servicing, BSI or Shellpoint Mortgage Servicing.

## Please complete the information below:

| Borrower Information   |                             |
|--|-----------------------------|
| Company Name:  | Tax ID No:                  |
| Name of Authorized Signer and his/her Title:   |                             |
| Recurring Payment Schedule   |                             |
| Draft Date: 1st Business Day of Month or day of Month (must be on or before end of payment |                             |
| grace period per your Note; 10th of month)   |                             |
| Frequency: Monthly One-Time  | Other (specify below)       |
|  |                             |
| Signature:   | Date:                       |
|  |                             |
| Bank Information   |                             |
| Checking Savings   |                             |
| Name on Acct:  |                             |
| Bank Name: Bank  | nk City/State:              |
| Bank Routing #:  |                             |
| Account Number:  |                             |
|  | 222222222:000 111 555# 1027 |
|  |                             |