

AUTHORIZATION AGREEMENT FOR AUTOMATED DEPOSITS & WITHDRAWALS

I hereby authorize and request ADVANCED COMMERCIAL CAPITAL, INC. to initiate deposit entries and to initiate, if necessary, withdrawal entries and adjustments for any deposit entries in error to my account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to deposit or to withdraw from such account.

This authority is to remain in full force and effect until ADVANCED COMMERCIAL CAPITAL, INC. and FINANCIAL INSTITUTION receive written notification from me terminating this authorization in such time and in such manner as to afford ADVANCED COMMERCIAL CAPITAL, INC. and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Account Name: _____

Financial Institution: _____

Financial Institutions 9 Digit Routing Number: _____

Checking / Savings Account Number: _____

Type of Account: Checking Savings

Account Holder's Signature: _____

Date: _____

Please Attach a Voided Check for Checking or Money Market Accounts