

Automatic Payment (ACH) Authorization Form

I/We hereby authorize FinWise Bank to initiate entries to my/our account at the Financial Institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error.

This authority will remain in effect until FinWise Bank is notified by me/us in writing to cancel it in such time as to afford FinWise Bank and the Financial Institution listed below, a reasonable opportunity to act upon any cancellation.

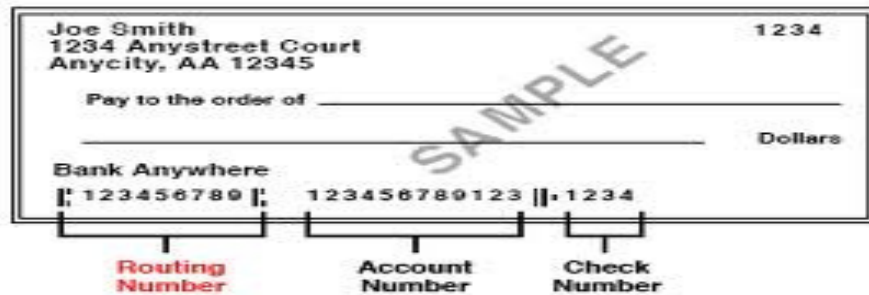
Name of Financial Institution _____

Address (Branch, City, State, & Zip) _____

Telephone Number _____

Borrower's Name _____

Routing Number _____ Account Number _____



Please select account type (select only one) Checking Savings

Please include a voided check for checking accounts or a voided savings withdrawal for savings accounts

Day of Month for withdrawal (1-28) _____ Amount \$ _____

FinWise Loan Number _____

Signature _____ Date _____

Send to FinWise Bank	
Mail: 820 East 9400 South Sandy, UT 84094 801.501.7200	Fax: 801.545.6099 Email: tmonroe@finwisebank.com