

Electronic Funds Transfer Authorization

Carolina Piedmont Capital, Inc., its affiliates, successors and/or assigns is hereby granted authorization to electronically withdraw monies from the bank account designated below. This EFT Authorization shall occur on the effective date as stated below and for each month hereafter, or the next available date on which the below referenced financial institution is open for business. If, on the effective date, the below referenced financial institution shall not be open for business, and/ or should the named account fail to have adequate funds available, then a ten (10%) late charge shall be applied, and the automatic debit shall occur on the next available date in which the financial institution is open. If, after the due date, adequate funds are not available for withdrawal as set forth herein, the lessor or holder, or any assign thereof, shall have the right, but not the obligation, to collect any and all money due under the lease agreement, or which will become due pursuant to the named lessee below.

This authorization shall remain in effect and in full force for a minimum time of 1 year or 12 consecutive payments, after which, Carolina Piedmont Capital, its affiliates successors and/or assigns, may receive in writing my/our request to cease this authorized withdrawal. This request must be written and received by the holder at least 30 days before the next scheduled due payment.

Name of account: _____

Address: _____

Telephone: (_____) _____

Authorized Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Company Use Only:

Bank Account Checking _____ Savings _____ **(Check only one)**

Financial Institution: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: (_____) _____

Bank Account Number: _____

Bank Routing Number or RTN: _____

Amount of Debit : _____

Effective Date _____

PLEASE ATTACH VOIDED CHECK