

Prestige Financing, Inc.

Authorization Agreement For Electronic Funds Transfer EFT Debit

I (we) hereby authorize Prestige Financing Inc. hereinafter called COMPANY, to initiate debit entries to my account indicated below at the financial institution named below, hereinafter called BANK. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provisions of U.S. Law.

BANK INFORMATION

Bank Name _____

City _____ State _____ Zip _____

Routing # _____ Account # _____

ACCOUNT TYPE (select one)

Checking

Savings

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Name (print) _____

Signature _____ Date _____

Please note: You will NOT be receiving a monthly invoice. Your payment will be automatically drafted each month on your installment due date.

Email completed form to jsalinas@prestigefinancing.net or Fax to 979-987-9620

P.O. Box 1887
Angleton, TX 77516

Phone: 979-864-3939
Fax: 979-987-9620