



BEACON FUNDING CORPORATION
28 Lord Road, Suite 230 • Marlborough, MA 01752
Phone 800.866.6396 • Fax 508-229-7899

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED WITHDRAWALS (ACH DEBITS)

Instructions: Complete the form below, sign and attach an unsigned and voided check from your account, and fax to 508-229-7899 or mail to 28 Lord Road, Suite 230, Marlborough, MA 01752.

I/WE, hereinafter called "Customer", authorize Beacon Funding Corporation and/or its successors and/or assigns, hereafter called "Agency", to initiate withdrawals (debit entries) from Customer's checking account indicated below and the banking institution named below, hereinafter called "Institution", to debit the same such account. Such withdrawals shall be equal to each scheduled payment periodically due plus any applicable taxes and other amounts due and owing at the time of such withdrawal. If the due date falls on a Saturday, Sunday, or legal holiday, withdrawals may be made on the following business day.

Customer further authorizes Agency to initiate credits or debits to Customer's account to correct any errors, and Institution to initiate any such corrections to Customer's account. It is agreed that the withdrawal(s) and adjustment(s) may be made electronically and under the rules of the National Automated Clearing House Association (NACHA).

If there are insufficient funds in the account below to make any preauthorized debit, Institution may refuse to make the automatic debit, in which case Customer agrees to separately make payment of the amount then due. Customer agrees to pay all fees on the account resulting from the automatic debits, including the amount of any resulting overdraft and any overdraft / NSF charges. Customer acknowledges and agrees that Agency may cancel this automatic withdrawal service at any time upon five (5) days written notice to Customer, or without notice if Institution's attempted debit entries have failed three (3) or more times for any reason, including insufficient funds.

This authorization is to remain in full force and effect until Agency and Institution has received written notification from Customer of its termination in such time and in such manner as to afford Agency and Institution a reasonable opportunity to act on it.

AUTHORIZATION FORM

Bank Name: _____

Bank Phone Number: _____

Bank Transit ABA: _____

Checking Account Number: _____

Customer (Company Name): _____ Beacon ID #: _____

Customer Signature: _____

Authorizing Party Name (printed): _____

Title: _____ Agreed To Date: _____

Attach unsigned and voided check here.