



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Entity Name: _____
Business Address: _____
Property Address: _____

DEPOSITORY

Bank Name _____
Address _____
City _____ State _____ Zip _____
Routing Number _____ Account Number _____
Account Name _____ Amount _____

I (We) hereby authorize Clout Capital LLC, hereinafter called COMPANY, to initiate debit entries to my (our) [] Checking Account [] Savings Account (select one) indicated above at the depository financial institution named above, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

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 DEPOSITORY a reasonable opportunity to act on it. This authorization will terminate upon the full payoff of the mortgage referenced above.

Name _____ (Please Print) Name _____ (Please Print)

Signature _____ Signature _____

Date _____ Date _____

NOTE: ALL WRITTEN DEBIT AUHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTORIZATION.

* Please attach a void check. "Please verify with your Bank that the ABA routing instructions on your voided check are the same instructions to be used for electronic payments"

** Please note all payments will ACH out of business account on the 1st of each month.