## **Authorization for Automatic Payments**

I authorize Medalist Capital and the bank named below to initiate variable entries to my checking/savings account. This authority will remain in effect until I notify you or the bank in writing to cancel it in such time as to afford the bank a reasonable opportunity to act on it. I can stop payment of any entry by notifying you or the bank thirty (30) days before my account is charged.

Name and Address o	f Your Finand	cial In	stitution			
Signature					Date	
Name of Borrower/ Borrowing Entity					Medalist Capital Loan Number	
Borrower Billing Addr	ess					
Billing Contact Person	n				Phone Number	
Checking Account #		or	Savings Account #	and	Bank Routing Number	
Please check one	I WOULD	LIKE	THIS AUTOMATIC DR	AFT TO	OCCUR ON THE	
			(1 <sup>st</sup> ) or (5 <sup>th</sup> _	)		
			OF EACH MON	TH.		
The bank will au		-	educt the payment ent or the first bus		om my account on the due dat ay thereafter.	e

Return this form to:



2849 Paces Ferry Road, Suite 310 Atlanta, GA 30339

## Attach a Voided Check to Ensure Proper Set Up

Automatic Payment Can Not be set up without a voided check or, for savings accounts only, deposit slip. Please allow three weeks for first automatic payment. You will be notified before first payment is taken.