

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 of Your Financial Institution

Signature

Date

Name of Borrower/ Borrowing Entity

Medalist Capital Loan Number

Borrower Billing Address

Billing Contact Person

Phone Number

Checking Account # or Savings Account # and Bank Routing Number

Please check one

I WOULD LIKE THIS AUTOMATIC DRAFT TO OCCUR ON THE

(1st ____) or (5th ____)

OF EACH MONTH.

The bank will automatically deduct the payment due from my account on the due date of the payment or the first business day thereafter.

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.