AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)

BORROWER NAME	BORROWER I.D. NUMBER
ADDRESS (STREET) (CITY)	(STATE) (ZIP)

I (we) hereby authorize Terrix Financial Corporation, herein called Company, to initiate debit and/or credit entries to my (our) account indicated below and depository named below, herein called Depository, to debit the same to such account.

Select one: ❑ **Checking** ❑ **Savings**

DEPOSITORY NAME	BRANCH
ADDRESS (STREET) (CITY)	(STATE) (ZIP)

TRANSIT ROUTING NUMBERS **Check Digit**

TRANSIT **ABA** **Designated by Federal Reserve**

ACCOUNT NUMBER INFORMATION

DAY OF MONTH TO PULL PAYMENT ❑ **1st** ❑ **5th** ❑ **10th** ❑ **Other _____**

This authority will need to remain in effect until Terrix Financial Corporation (TFC) has received written notification from you of the termination in this agreement in such time and such manner as to afford both TFC and Mellon 1st Business Bank a reasonable opportunity to act on it. After your account has been charged, you will have the right to have the amount of an erroneous debit immediately credited to your account by your bank, provided you send written notice of such debit entry in error to your bank within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.

NAMES	**TAX I.D. NUMBER**
DATE **SIGNED *X***	**DATE** **SIGNED *X***