

ACH AUTHORIZATION AGREEMENT

I hereby voluntarily authorize Propel Financial Services and its affiliates, successors and assigns (collectively, "Company") to initiate debit entries from my bank account, identified below (the "Account"), in the amount of my regular monthly payment and any late fees, if applicable, in accordance with the payment agreement (the "Debit Amount"), as well as in the amount of any additional fees I may incur if a transaction is unsuccessful due to insufficient funds in my Account, on the Day of Debit, identified below, which may occur on or before my regular monthly payment due date, or in accordance with any future instructions that I provide, including verbal or electronic instructions, at the depository financial institution named below. I authorize Company to electronically deposit refund payments to the bank account noted below via Automated Clearing House (ACH) in accordance with applicable provisions of U.S. law. If funds are erroneously deposited to the undersigned's bank account, I authorize Company to direct my bank to return any deposited funds to which I was not entitled by adjusting my bank account as appropriate. If any Day of Debit is not a business day, the debit authorized by this Authorization Agreement will occur on the next following business day.

Note: One Time ACH Payments are processed within 48 to 72 hours of receipt

Bank Account Details	Tax Loan Account Details
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> One Time ACH <input type="checkbox"/> Recurring ACH
Account Holder's Name:	Tax Loan Account Number:
Bank Name:	Debit Amount: \$
Account Number:	Day of Debit (if recurring):
Routing Number:	Debit Start Date:



This authorization shall remain in full force and effect until (i) Company receives notification from me of termination of this authorization at least 3 business days prior to the Day of Debit; or (ii) Company discontinues the ACH transactions due to insufficient funds in my Account for 2 or more consecutive months. Such written notification should be sent to Propel Financial Services, P.O. Box 100350, San Antonio, TX 78201. I understand that canceling my authorization does not relieve me of the responsibility of paying all amounts due in full.

I understand that if a payment is returned unpaid it may be electronically re-processed, and I authorize Company to debit a fee of up to \$30.00 each time Company unsuccessfully attempts to process a payment. I also understand that I will be responsible for paying late fees (not to exceed 5 cents for each \$1 of the scheduled payment) for any missed or late payments, and I hereby authorize Company to debit entries from my Account in the amount of such fees.

Signature: _____

Printed Name: _____

Date: _____