

ACH Authorization Form

*****This form MUST be accompanied by a Printed Voided Check or Bank Letter*****

(PRINT NAME) _____ (Hereinafter referred to as borrower) authorizes Nevada West Financial or its designated agent (hereinafter referred to as RightSize Funding), to initiate ACH transfer entries and to credit and/or debit the account identified herein for monthly loan payments. This agreement shall remain in effect until the completion of the loan (see contract for loan duration). Borrower represents and warrants to RightSize Funding that the borrower is an authorized signatory of the Account referenced below and all information regarding the Account and the Account Owner is true and accurate. Borrower acknowledges that this ACH agreement is for the collection of monthly payments and is used as a convenience for both the borrower , Nevada West Financial and its agent. The borrower further acknowledges that they enter into this agreement willfully and freely.

INITIAL , SIGNATURE, PRINT NAME & DATE ARE REQUIRED

_____ Any changes to bank account must be submitted in writing to Accounts Payable

_____ Any changes to payment must be submitted to RightSize Funding two business day prior to payment date.

_____ Borrower acknowledges agreement and understanding of terms set forth by RightSize Funding

Account Owner Signature

Print Name

Date

BANK NAME _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____