

**Origination Fee Addendum**

Authorization Agreement For ACH Payment

(I/we) do hereby authorize POWERLINE FUNDING, hereinafter named the COMPANY, to initiate single (debit/credit) entries to (my/our) (Checking Account/Savings Account) in the amount of **$1,820** (**One Thousand Eight Hundred Twenty Dollars)**  as indicated and named on the attached voided check as the depository financial institution for the amount listed and referenced above.  **The undersigned hereby authorizes the funding source to deduct the total amount below from the gross funding (advance) amount and to make such payment directly to the Company**.  If any such debit(s) should be returned NSF, (I/we) authorize the COMPANY to collect such debit(s) by electronic debit/ACH and subsequently collect a returned debit NSF fee of up to $30.00 per item by electronic debit from my account.  I am a duly authorized check signer on the financial institution account named on the attached voided check, and authorize all of the above as evidenced by my signature below.

1. Renewal fee **WAIVED**

2. Closing cost **WAIVED**

3. Origination Fee $1,820.00

4. Discount (0.00)

Total **$1,820.00**

Legal Name: Life Force Technologies, Inc.

DBA: CareXpress Medical

Owner(s) Name: Dr. Dennis Bowers

Owner(s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: 05/21/2013