

AUTOMATIC PAYMENT AUTHORIZATION

Date: _____

Borrower(s) / Account Owner(s):

Co-borrower(s):

Address:

Bank: TD Bank, N.A.

444 Madison Avenue, 11th Floor

New York, New York

10022

Loan: _____ Revolving Line of Credit (the "Loan")

ACCOUNT INFORMATION:

Financial Institution: _____ (the "Financial Institution")

Account Number: _____ (the "Account")

Routing Number: _____

Please Indicate: ☐ Checking Account ☐ Statement Savings Account

ADDITIONAL PRINCIPAL PAYMENTS:

Additional monthly amount to be debited from the Account each month: \$ _____ (the "Additional Amount")

As the undersigned would like all payments due respecting the Loan to be paid as close to the due date thereof, as reasonably possible, the undersigned hereby authorizes the Bank (or its servicing agent) to initiate debit entries to the Account at the Financial Institution in the amount (each a "Payment Amount") of any payment due respecting Loan plus the Additional Amount. In addition, the undersigned hereby authorizes the Financial Institution to debit the Account for each Payment Amount debit initiated by the Bank (or its servicing agent). The undersigned hereby acknowledges and agrees that if a scheduled due date respecting the Loan is not a day on which the Bank (or its servicing agent) is open for processing loans, the debit will be initiated on the next day on which the Bank (or its servicing agent) is open for processing loans.

The Bank (or its servicing agent) will send a notice confirming the date of the first debit to be initiated. This authorization may be terminated by the undersigned upon 30 days prior written notice to the Bank.

By your signature below, you agree to the terms and acknowledge receipt of a copy of this Authorization.

Print Name	Signature	Date	Callback Phone Number
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