

ACH AUTHORIZATION FORM

A signed, completed copy of this Automatic Clearing House (ACH) Payment Authorization Form, along with a voided check or copy of a bank statement indicating the bank account number is REQUIRED for funding.

The undersigned, on behalf of the Borrowing Entity, hereby authorizes **Commercial Lender, LLC, its successors and/or assigns, ("Lender")**, either directly or through its/their service provider, ("**Servicer**"), to initiate debit entries and/or to deposit draws (as applicable) to the account at the financial institution ("**Bank**") indicated on this form. In the event that the **Lender** debits or credits funds erroneously from/to my account, the undersigned authorizes the **Lender**, either directly or through its **Servicer**, to credit or debit the bank account.

The undersigned understands this authorization will remain in effect until Borrowing Entity's loan is paid in full. The undersigned agrees to notify the **Servicer** in writing, at least 10 (ten) days prior to the next billing date, of any changes to the account information. The undersigned understands that if an ACH transaction is rejected for any reason, the **Servicer** may process the charge again within 30 days and agree to an additional charge for each attempt returned. Any such additional charges will be initiated as a separate transaction from the authorized recurring payment.

The undersigned agrees, on behalf of his/her self and the Borrowing Entity, not to dispute this recurring billing with the **Bank** so long as the transactions correspond to the terms indicated in this authorization form and understands the ACH debit amount may change each month in accordance with the interest accrual method per the Note.

The undersigned understands and agrees that the loan may be serviced by any one of the following **Servicers**: Elite Commercial Servicing, Fay Financial Services, Community Loan Servicing, Cohen Financial, Specialized Loan Servicing, BSI Financial Services, Shellpoint Mortgage Servicing or Nationstar Mortgage d/b/a Mr. Cooper.

By signing below, the undersigned further indicates that he/she has the authority to sign this form on behalf of the Borrowing Entity and further understands and agrees that the below banking information will be shared with those having ownership and/or control of the Borrowing Entity and that Lender shall require their approval of the Bank Information provided.

Please complete the information below:

Borrower Information

Borrowing Entity Name: _____ Tax ID No: _____

Name of Authorized Signer and his/her Title: _____

Recurring Payment Schedule:

Draft Date: 1st Business Day of Month or ____ day of Month (must be on or before end of payment grace period per your Note; 10th of month)

Frequency: ____ Monthly ____ One-Time ____ Other (specify below)

Signature: _____ Date: _____

Bank Information

Checking

Name on Acct: _____

Bank Name: _____ Bank City/State: _____

Bank Routing #: _____

Account Number: _____

