



AUTHORIZATION FOR ELECTRONIC DEBITS

The undersigned customer(s) hereby authorizes Hamilton Capital Funding, LLC, its successors and assigns (the "Hamilton" or "we" or "us" or "our"), to make electronic debits ("ACHs" or ACH debits") from the account indicated below ("Account") as the payment of the amounts owed under your retail installment sales contract ("Contract") held by Hamilton. You request that the financial institution that holds your Account honor the ACH debits we set forth in this authorization.

Bank Information:

Bank Name: _____ Account type: Checking Savings
City: _____ State: _____ Zip: _____
Routing Number: _____ Account Number: _____

Payment Information:

Recurring Payment of \$ _____ weekly, bi-weekly, semi-monthly, monthly, beginning _____
Additional Payment of \$ _____ on _____ Additional Payment of \$ _____ on _____
Additional Payment of \$ _____ on _____ Additional Payment of \$ _____ on _____

By initialing you acknowledge and understand the following:

_____ We will make ACH debits on the date that payment is due. If any payment due date falls on a weekend or holiday, the ACH debit will be made on the next business day after the payment is due. If the ACH is not paid, and is returned for non-sufficient funds, closed-account or otherwise, we may charge you a NSF as provided in your Contract and to the extent not prohibited by applicable law, and you may be charged a NDF fee by your financial institution and/or other affected parties. You are solely responsible for any resulting fees, charges or other amounts.

_____ If the ACH debit is returned unpaid, we may attempt to process the payment again, up to two (2) times, within thirty (30) days.

_____ As necessary, you also authorize transactions to correct any erroneous payment transaction.

You may terminate this authorization by sending us written notice at the address provided above at least five (5) days prior to the next payment due date or payoff of the Contract. This authorization remains in full force and effect until we receive notice from you terminating it. If you close your Account, you must provide us with any new account information within ten (10) business days of closing your Account, You understand that the ACH transactions must comply with applicable law and the Rules of the National Automated Clearing House Association.

Buyer's name: _____

Signature: _____ Date: _____

Please attach a voided check to this form.