

ACH Recurring Payment Authorization Form

Scheduling your payment to automatically debit from your checking or savings account is convenient and ensures your payment is on time. You will be debited the amount indicated on your monthly billing statement. **Please complete the information below to get started.**

l want to:	Set Up New ACH	Update banking information	Change the recurring date
Name of Borrower/Borrowing Entity/Company			Northmarq Loan Number
Borrower Billing Ac	ddress, City/State		
Billing Contact Pers	son	Billing Contact Email	Phone Number
Account Type:	Checking	Savings	
Bank Name _			
Bank Routing #:	·	Account Number:	
*Debit my Account on the		_ of each month, starting with the	
	(*day)		(month / year)
documents. As a bank. Northmarc	reminder, late charge grace pe q will automatically deduct the p	,	ge language as outlined in the loan rcumstances, including errors by the sending date as specified above. However, Lender
notify Northmarq c payment of any en	or the bank in writing to cancel try by notifying Northmarq or	it in such time as to afford all parties a rea	nt. This authority will remain in effect until I asonable opportunity to act on it. I can stop ccount is charged. I understand the bank will pent or the next business day.

Signature Required

(I hereby certify the above information is correct)

Date

PLEASE EMAIL THIS FORM TO <u>ACH@NORTHMARQ.COM</u> or mail to: NORTHMARQ CAPITAL, LLC - 3500 AMERICAN BLVD WEST - SUITE 500 - BLOOMINGTON, MN 55431-4435

TO ENSURE PROPER SET UP AND AVOID DELAYS, A VOIDED CHECK IS REQUIRED

Automatic Payments are not to be set up without a voided check or letter from bank (for checking accounts only) or deposit slip (for savings accounts only).

Please allow 5-7 business days for the first automatic payment. You will receive a confirmation email once your request is processed.