



Texas Specialty Finance, Inc.

510 Turtle Cove Blvd. • Suite 220 Rockwall • Texas 75087
Voice (972) 771-5653 • Fax (972) 722-9477 • Watts (800) 442-7050

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize TEXAS SPECIALTY FINANCE INC., hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called BANK, and if necessary, initiate adjustments for any transactions debited in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name _____ Amount to Draft \$ _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner to afford COMPANY and BANK a reasonable opportunity to act on it.

Name(s) _____ Phone # _____

DBA Name _____

Texas Specialty Finance Loan Number 100 _____ Policy Number(s) _____

Date _____ Signature _____

NOTE: Written debit authorizations must provide that the receiver may revoke the authorization only by notifying the origination in the manner specified in the authorization.

PLEASE ATTACH A BLANK COPY OF YOUR CHECK.