



AUTHORIZATION FOR DIRECT PAYMENT

I authorize Octant Business Services, LLC. to initiate electronic debit entries to my:

checking or savings account (circle one)

for scheduled payments of my Commercial Loan payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This authority will remain in effect until I have cancelled it in writing.

Date _____

Loan Number _____

Financial Institution Name (Please Print)

Account Number at Financial Institution

Financial Institution Routing/Transit Number

Financial Institution City and State

Borrower Name _____

Signature _____