

TRISTAR BANK
AUTHORIZATION FOR DIRECT DEBIT OF FUNDS FOR LOAN PAYMENT

1. **Authorization**

I request an authorize TriStar Bank to draw by electronic funds transfer from the bank account named on the reverse, all payments due on the loan until such time the obligation is paid in full, or until TriStar Bank receives written notice of revocation of Borrower's authorization in the manner specified in paragraph 3.

2. **Insufficient Funds**

Borrower agrees that if the Account does not have sufficient funds on the day TriStar Bank attempts to deduct the payment, that a deduction shall not be made. TriStar Bank may attempt, but shall have no further obligation to continue to attempt to deduct the payment amount from the Account. Until such time that payment is made, Borrower shall be responsible to make such payment and any other payments that may be due on the Obligation. Borrower agrees that if the deduction is not made due to insufficient funds on five (5) occasions, **TriStar Bank has the right to terminate this agreement upon receipt of the 5th occasion WITHOUT written notification to the Borrower.**

3. **Borrower Revocation**

The Borrower may revoke this authorization at any time by delivering a written notice to TriStar Bank, and such notice shall be effective three (3) days after receipt.

4. **TriStar Bank Revocation**

TriStar Bank may revoke this authorization at any time by delivering a written notice to the Borrower, and such notice shall be effective immediately.

The Borrower understands that this Authorization to charge the Borrower's Account is not a condition for granting credit to Borrower and is being granted solely at Borrower's option. Do not hesitate to contact us at 615-446-7100 if you have any questions or require any further information.

ACCOUNT INFORMATION

Borrower's Name: _____

Bank Name: _____

Bank Address: _____

Name on Account: _____

Bank Account Type: Checking Savings

Bank ABA#: (Bank Use Only) _____

PLEASE ATTACH A VOIDED CHECK

Loan Number: _____

BORROWER ACKNOWLEDGES THAT BORROWER HAS READ, UNDERSTANDS, AND AGREES TO THE TERMS AND CONDITIONS OF THIS AUTHORIZATION. BORROWER ACKNOWLEDGES RECEIPT OF AN EXACT COPY OF THIS AUTHORIZATION.

Signature of Borrower Date

Account Owner Signature (if different than Borrower) Date

SIGNATURE MUST AGREE TO THE SIGNATURE ON LOAN DOCUMENTS.

Complete and return this page only to:

**TriStar Bank
719 East College Street
Dickson, TN 37055**

FOR BANK USE ONLY

Loan Number	_____	Loan Date	_____
First Effective Payment Date	_____		