



PRE-AUTHORIZED ELECTRONIC TRANSACTIONS

LOAN PAYMENTS

I (we) authorize Capital Bank to begin Automatic Transfer of Funds on the date(s) specified below for payment to my (our) Capital Bank loan account number # _____ . The amount shall be the monthly loan payment that is due _____ or a fixed amount of \$ _____ .

This authorization to draft payments must be received at least (20) business days prior to the payment due date to ensure adequate processing time.

Please transfer funds from one of the following:

- Capital Bank Account # _____ [] DDA [] SAV
**Other Financial Institution Account # _____ [] DDA [] SAV
Other Financial Institution Account Type: [] Personal [] Business
Other Financial Institution Account Owner: _____
Other Financial Institution Routing #: _____
Other Financial Institution Name: _____

On the _____ day of each month. Effective Date for Initial Transfer _____

I (we) understand that if for any reason a debit cannot be made I (we) will be responsible for making the payment by check or cash. This authority will remain in effect until Capital Bank has received written notification from me (either of us) of its termination in such time and in such manner as to afford Capital Bank a reasonable opportunity to act on it. You may revoke this authorization only by notifying Capital Bank in writing at the address listed below. This revocation must be received at least (3) business days prior to the proposed effective date of the termination authorization.

Capital Bank reserves the right to cancel this service at any time upon ten days' notice to me (us).

Capital Bank will provide within 10 days from a written request from the receiving financial institution evidence of authorization for the debit transaction without charge.

Authorized Signer #1 Print Name Signature Date Work # Home #
Authorized Signer #2 Print Name Signature Date Work # Home #

REVOCAION OF AUTHORIZATION. I hereby revoke my approval for the automatic transfer of funds as described above. I (we) understand that the revocation of this automatic transfer does not relieve me/us of the responsibility to make all payments due on this loan per the terms and conditions agreed to in the original Note. I (we) understand that Capital Bank requires at least (3) business days prior notice in order to cancel this authorization. Please send this revocation to:

Capital Bank MD, 2275 Research Blvd. Suite 600, Rockville, MD 20850

Authorized Signer - Print Name Signature Date Work # Home #