

1 PARTICIPANT INFORMATION

Full Legal Name _____ Date of Birth _____ Social Security Number _____

2 LOAN INFORMATION

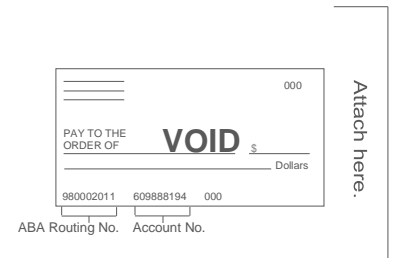
Identify the loans this change applies to below.

Loan ID # _____ or Loan Payment Amount \$ _____

Loan ID # _____ or Loan Payment Amount \$ _____

3 EFT AGREEMENT AND SIGNATURE

I hereby authorize AGFinancial to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my checking/savings account indicated below. I further authorize the bank named below to credit and/or debit the same to such account on the payment due date of every month. This authority is to remain in full force and effect until AGFinancial has received notification from me or until my loan has been repaid.



Name(s) As They Appear On Your Bank Account _____ Checking Savings

Bank Account Number _____ Bank ABA Number (Located in bottom left corner of check.) _____

Bank Name (Please print) _____

Participant Signature _____ Date _____

IMPORTANT INFORMATION

- AGFinancial must receive all changes 5 business days prior to the payment due date of every month.
- Your account will be debited for two payments if a prior month's draft is returned unpaid.
- Upon failure of the second attempt to draft the missed and current payments, AGFinancial will temporarily suspend this authorization and you will be required to bring the loan current. Upon receipt of the missed payments, the EFT instructions will be reinstated.