



HILLIARD LYONS

PRIVATE BANKING

ACH LOAN PAYMENT AUTHORIZATION

409 Silverside Road, Suite 105
 Wilmington, DE 19809
 P: 877.644.1513
 F: 302.791.5610
 www.hilliardlyonsprivatebanking.com

I/We authorize the Bank to electronically transfer funds through the Automated Clearing House (ACH) system from my/our deposit account at the Financial Institution identified below to the Bank in payment of the below-referenced loan.

I/We understand that transfers will be made monthly, on the due date of the loan payment. If the due date falls on a holiday or non-business day, the transfer will be made the next business day. If your payments fails for three (3) consecutive months, we reserve the right to remove you from this service. You will be notified should this occur.

I/We acknowledge that the origination of ACH transfers to my/our account must comply with the provisions of U.S. law. This authorization will remain in effect until I/we have canceled it in writing. For one-time transfers, the ACH will be processed on the date the Bank receives this completed and signed form unless it is received after business hours; in which case it will be processed on the next business day.

You are not required to make your loan payments by electronic funds transfer.

PART 1: Loan Account with Us ("Transfer to")

Loan Account Name:	Loan Account Number:
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PART 2: Other Financial Institution Information ("Transfer from")

Account Name:	Account Number:
Account Type: Personal: <input type="checkbox"/> Checking or <input type="checkbox"/> Savings	Commercial: <input type="checkbox"/> Checking or <input type="checkbox"/> Savings
Financial Institution Name:	ABA Routing Number: <small>(Please verify number for ACH transfer with the financial institution.)</small>
Financial Institution Address: <small>(City and State)</small>	

PART 3: Payment Information

Please specify the month that payment should begin: _____

Amount of Monthly Loan Payment:

One time ACH of \$ _____
 The one-time ACH limit is equal to \$10,000 or the monthly interest payment due, whichever is greater.

Exact Amount Billed

Exact Amount Billed plus \$ _____ additional principal each month

Fixed monthly payment of \$ _____. I understand that should the monthly interest accrual exceed this amount I will have unpaid interest accrual and this interest will remain unpaid and due on my account.

NOTE: The amount indicated will be pulled on the same date as the payment due date referenced on your monthly loan statement.

PART 4: Signature of Owner of Account at Other Financial Institution

Signature of Authorized Signer #1:	
Print Name:	Date: <small>(mm/dd/yyyy)</small>

Please **mail or fax** this completed form to:

Hilliard Lyons Private Banking, Attn: Loan Department
 409 Silverside Road, Suite 105, Wilmington, DE 19809
 Fax: 302.791.5610
 Email: loanoperations@thebancorp.com

Please remember that information sent to us via email is sent over a non-secure network. Do not include confidential personal information such as account numbers or Social Security Numbers in any non-secure communication.

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.

FOR BANK USE ONLY

Date Received: <small>(mm/dd/yyyy)</small>	Date ACH Set-up Completed:	Processed by:
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Your right to stop payment and the procedure for doing so.

If you have authorized the Bank to make regular ACH transfers from your account at another Financial Institution, you can stop any of the transfers by writing, calling, faxing or emailing us at the addresses/numbers provided above. If you choose to contact us by email, which may be unsecure, please include only the last five digits of your loan account number in the message, so to protect your account information.

To cancel a transfer, or to cancel this ACH Loan Payment Authorization, we must receive your request at least three business days before the transfer is scheduled to be made. If you call, we may also require you to put your request in writing and ensure that we receive it within 14 days after you call.

Notice of varying amounts.

If your regular loan payments vary in amount, we will inform you in your monthly loan statement, at least 10 days before each transfer, how much it will be and when it will be made.

Liability for failure to stop payment of preauthorized transfer.

If you instruct us to stop a transfer at least three business days before it is scheduled to be made and we do not do so, we will be liable for your losses or damages.

If we do not complete a transfer to or from your account on time or in the correct amount according to our loan agreement with you, we will be liable for your losses or damages. There are some exceptions noted below, however, and there may be other exceptions, as set forth in our loan agreement with you. We will not be liable, for instance:

- If, through no fault of our own, you do not have enough money in your account to make the transfer.
- If the transfer would exceed the credit limit of your overdraft line at the other Financial Institution.
- If, despite reasonable precautions taken by us, we are prevented from making the transfer due to circumstances beyond our control (such as fire or flood).