



PINNACLE FINANCIAL GROUP

AUTOMATIC ELECTRONIC PAYMENT AUTHORIZATION FORM

I (we) authorize and request Pinnacle Financial Group, LLC ("PFG") or assigns and/or its financial institution to initiate electronic debits and/or affect a charge by any other commercially accepted practice to my (our) account indicated below in the financial institution named below ("Bank"). I (we) authorize and request my (our) Bank to honor the debit entries initiated by PFG or assigns and debit the same to such account for any payment. This authority pertains to my (our) PFG loan and the scheduled payments described in the Retail Installment Contract and Security Agreement.

CUSTOMER INFORMATION

Name: _____	
Social Security #: _____	Date of Birth: _____
Bank: _____	Transfer Amount: \$ _____

ATTACH VOIDED CHECK HERE

ADDITIONAL INFORMATION

Terms and Agreement: I (we) have an account(s) at the financial institution named above and for all debit entries have funds sufficient to pay such entries. Automated debit or credit entries shall be initiated by PFG or assigns as requested and the entries shall constitute my receipt for the transaction(s). I understand that if corrections of the entry are necessary, it may involve an adjustment to my account. The automatic debiting of my bank account is voluntary and will be debited on a monthly basis as long as a balance exists. Termination. This agreement is to remain in full force and effect until loan is paid in full or PFG has receive written notification of its termination and have a minimum of 30 days to act on it. In the event that I (we) terminate this Automatic Payment arrangement my account will be charged a \$25 administrative fee. If I (we) choose to terminate I (we) will remit my (our) payments to the address designated by PFG.

SIGNATURE: _____	DATE: _____
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All account depositors must sign this form if more than one person is on the account

SIGNATURE: _____	DATE: _____
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PINNACLE FINANCIAL GROUP USE ONLY FOR A/C#:

ABA/Transit Number: _____	Date of First Transfer: _____
Account Number: _____	Date of Last Transfer: _____
Account Type: CHK SAV	Transfer Frequency: _____