

# Eastside Funding, LLC

## ACH PAYMENT AUTHORIZATION

### Purpose of Authorization: (check one)

New Authorization  
(complete A, B, C and F)

Change to Existing Authorization  
(complete A, B, D and F)

Cancellation  
(complete A and E)

---

### A. Customer Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

---

### B. Banking/Financial Institution Information

\_\_\_\_\_  
Name of Bank/Financial Institution

\_\_\_\_\_  
Phone Number of Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Bank ABA/Routing #

Business Account

Personal Account

Checking

Savings

---

### C. New Authorization Statement

I authorize and request Eastside Funding, LLC and the financial institution listed above to initiate electronic credit entries, and if necessary, debit entries and adjustments for any errors to my account. I also understand I may discontinue this authorization at any time by giving written notice to (business name).

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

---

### D. Change Authorization Statement

I authorize and request Eastside Funding, LLC to make the changes indicated on this form for automatic deposit to my account.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

---

### E. Cancellation Statement

I request Eastside Funding, LLC to terminate my authorized automatic deposit to my account. I will allow a reasonable time for Eastside Funding, LLC to act upon my request to terminate this agreement.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

---

### F. Attach a voided check.