

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

As a duly authorized signer on the financial institution account identified below, I authorize you to perform electronic funds transfer debits from the account for payments due or when applicable, apply electronic funds transfer credits to the same. Furthermore, if any such electronic debit(s) should be returned by my financial institution as unpaid (Non-Sufficient or Uncollected Funds), I authorize, Resolution Finance, LLC, to collect a returned item fee of \$25.00 (or the maximum amount allowed by state law) per item by electronic debit from the same account identified below.

Date of Transaction*:	_____ of each month
Type of Transaction**:	Recurring
Amount:	\$ _____

For accounting purposes, all electronic debits will be reflected on the monthly bank statement that corresponds with the financial institution account identified below.

I understand and authorize all of the above.

AUTHORIZING SIGNATURE: _____ DATE: _____

PRINT NAME: _____

*Transaction will post on or after the date indicated.

**This authorization is to remain in full force and effect until Resolution Finance, LLC has received written notification of its termination in such time and in such manner as to afford Resolution Finance, LLC a reasonable opportunity to act on it or the until the term of the authorization expires. Any such notice should be sent to the following address:

Resolution Finance LLC
4100 Alpha Rd, Ste 670
Dallas, Texas, 75244

Bank Name:	
Account is held in the name of:	
Account Type (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Routing Number:	Account Number:

- **An original or copy of a voided check here.**
- **If you are using a savings account attach a bank statement with the form in order to verify account information.**
- **Fax to 214-296-9704**

