

ClassicPlan

Insurance Premium Financing

AUTHORIZATION AND POWER OF ATTORNEY TO CHARGE (MONTHLY) AND DEBIT BANK ACCOUNT` (ACH AGREEMENT)

In consideration of P. A. Bank, FSB (Bank) accepting the loan application for financing the insurance premium(s) as listed on the accompanying Loan Application Disclosure Statement and Insurance Premium Financing Loan and Security Agreement (Loan Agreement) the undersigned Applicant (Borrower), for Borrower's convenience, hereby agrees as follows:

1. The Bank and/or ClassicPlan, their successors or assigns is requested, authorized and empowered to cause a charge or debit to the Borrower's deposit account at the financial institution listed below (or identified on the attached voided check) on or about the due date for each monthly loan payment in the full amount specified and agreed to as then due, and as provided in the attached Loan Agreement for credit to the Borrower's loan account with the Bank. (The foregoing procedure is under the rules and regulation of the National Automated Clearing House Association - ACH)

2. Failure for any reason of final credit or a reversal of any credit to the loan account of the Borrower at the Bank will result in and be a default under the terms of the Loan Agreement and the Bank may exercise any and all of it's rights under the provisions of the Loan Agreement including Remedies Upon Default which may result in cancellation of the financed insurance policy(s). ACH PROCEDURES WILL BE USED ONLY ON CURRENT LOAN ACCOUNTS. Loan payments after default of any ACH activated monthly payment must be by Cashiers check or Money Order and this ACH agreement is suspended at the Bank's option.

3. Monthly loan payments through the ACH procedure credited to the loan account will not reinstate insurance policies which have been previously canceled, extend or renew insurance coverage.

4. The ACH procedure and this Agreement may be canceled and terminated by either Borrower or the Bank at any time by written notice from one to the other.

5. The Loan Agreement is supplemented by this ACH Agreement and all the terms of the Loan Agreement are in full force and effect.

Borrowers Depository Financial Institution:

Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account No _____

A VOIDED CHECK MUST BE ATTACHED

Borrower / Depositor

Borrower / Co-Depositor

(BORROWER'S SIGNATURE REQUIRED)

Loan # _____

Date of ACH Agreement

P.O. Box 5134 • CHINO, CA 91708-5134 • (909) 591-6481

INTERNET