



Authorization for Pre-Authorized Payments

I, the undersigned, hereby authorize Celtic Bank to electronically transfer loan payments from the following account, on behalf of _____ Borrower's Name (Printed)

Name of Borrower's Financial Institution

ABA/Routing Number (9 digits)

Address of Borrower's Financial Institution

City, State, Zip

Borrower's Account Number

I authorize Celtic Bank to initiate debit entries at the above named financial institution for the monthly billed amount to fulfill my contractual obligation, or the sum of \$_____. Please initiate these entries on the _____ of each month. A copy of this form will be kept on file. Amount to withdraw from above account

Celtic Bank agrees to notify the borrower upon discovery of any errors resulting from transactions under this authorization. _____ agrees to notify Celtic Bank immediately of any changes that may affect these instructions or our ability to rely upon them. Borrower's Name (Printed)

This authorization may be cancelled upon written notification in such a manner as to afford Celtic Bank and the above named borrower a reasonable opportunity to act on it. Any such cancellation shall be effective only with respect to entries initiated after the financial institution's receipt of such notification. In authorizing the above agreement, _____ indemnifies Celtic Bank of any and all loss, cost, damage, or expenses incurred by Celtic Bank in connection with errors in deposits, credit or debit entry errors caused by persons who are not employees of Celtic Bank. Borrower's Name (Printed)

Please submit a voided check from your account with this agreement and print in blue/black ink or type.



268 South State Street, Suite 300
Salt Lake City, UT 84111
PH: (801)363-6500
FX: (801)363-6562

Borrower's Signature

Title of Signer (If loan is made to a company.)

Authorized Celtic Bank Representative

Celtic Bank Loan Number

FOR CELTIC BANK INTERNAL USAGE ONLY
Date Entered into System: _____
Employee Name: _____

Date