



ACH AUTHORIZATION TO DEBIT ACCOUNT FOR PAYMENT

Account Number: _____

Borrower: _____

Lender:
Movement Bank
Movement Bank - Danville Va.
201 N. Union Street
P. O. Box 6400
Danville, VA 24541-0640

Account Holder: _____

AUTHORIZATION. I ("Account Holder") authorize Movement Bank ("Lender") to electronically debit the account described below ("Account") (and, if necessary, electronically credit my account to correct erroneous debits) as follows in connection with the loan or line of credit described above ("Obligation"):

ACCOUNT. Beginning on the first scheduled payment due date, and on the remaining payment dates described in the Payment Schedule, Lender is authorized to debit the Account in the amounts shown in the Payment Schedule.

Account Type:

Depository Institution: _____

Routing Number: _____

Account Number: _____

RECURRING PAYMENT SCHEDULE. Debits will be made according to the following Payment Schedule:

| Start Date | No. of Pmts | Amount | Frequency | End Date |
|------------|-------------|--------|-----------|----------|
| _____ | _____ | _____ | _____ | _____ |

If payments vary in amount, I have the right to receive notice from Lender ten (10) calendar days prior to the date on which the debit is to be made to the Account, however, I agree that such notice will be required only if the debit exceeds any payment amounts under the terms of the Payment Schedule as stated above and as may be modified from time to time.

PAYMENT DUE DATE/INSUFFICIENT FUNDS. If the payment due day falls on a date that Lender does not process payments, the payment will be deducted on the next day that Lender does process payments. If the Account does not have sufficient funds, Lender may attempt, but shall have no obligation to continue to attempt to deduct the payment from the Account. If the Account has insufficient funds when Lender attempts to deduct a payment, Lender may terminate the automatic deduction of payments upon notice to Borrower and Account Holder. Until such time as payment is made, Borrower shall be responsible to make such payment, and all other payments that may be due on the Obligation.

CANCELLATION. I understand that this authorization will remain in full force and effect until canceled by me, Borrower or Lender upon written notice. If I or Borrower wish to cancel this Authorization the party requesting cancellation will notify Lender at least _____ days prior to the next scheduled payment date.

CONSUMER PURPOSE. The Obligations have been incurred for a consumer purpose and I understand that this Authorization to charge the Account is not a condition for granting credit to Borrower. This Authorization is being granted solely at Borrower and Account Holder's option.

BORROWER AND ACCOUNT HOLDER HAVE READ AND AGREE TO THE TERMS SET FORTH ABOVE AND ACKNOWLEDGE RECEIPT OF AN EXACT COPY OF THIS AUTHORIZATION.

BORROWER:

Borrower Signature

Co-Borrower Signature

Date

Date