



## **ACH Authorization Form**

| l,                    |  | , authorize Arrive Home and Tule River Homebuye   |
|-----------------------|--|---|
| Earned Equity Agency  | to initiate debit entr                         | ies to my checking account indicated below at the depositor er called "Financial Institution," and to debit the same to sucl              |
| Bank Name:            |  |   |
| Bank Routing Number   | er:  |   |
| Account Number:       |  |   |
| Account Type:         | Checking                                       | Savings   |
| my account. This auth |  | ocessed as an Automated Clearing House (ACH) debit entry to find full force and effect until I provide a written cancelation in the sorg. |
| Processing times      | may vary.                                      | pited from my account on the 1st day of each month  |
|                       | ·  | count to cover the payment, I will be charged an additional feablect to additional fees from my financial institution.                    |
| 3. If I need to chan  | ge the date of my payr<br>on the 1st of the mo | nent, this request must be made 72 hours prior to my paymen nth. I will request this change to my payment by emailing                     |
| Signature:            |  | Date:   |