



We Stand For Service®

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED LOAN PAYMENTS

I/We hereby authorize WSFS Bank (WSFS) to initiate debit or credit entries to my/our deposit account (the "Account") at the financial institution named below, hereinafter called Depository, and to debit such Account and credit the same amount to my/our WSFS Bank Loan Account indicated below:

WSFS Bank Account information

Bank: Wilmington Savings Fund Society, FSB ("WSFS") ABA Routing/Transit #031100102

Loan Account Title: _____ Loan Account Number _____
(Please print full account name)

Amount to be credited \$ N/A Effective Date: _____ Account SSN: _____

Depository Information

Bank: _____ ABA Routing/Transit # _____

Branch: _____ City and State: _____ Effective date _____

Account Title: _____ Acct Number _____
(Please print full account name. NOTE: Account title/signer should relate to WSFS account title/signer)

Amount to be debited: \$ N/A Account Type (check one): Checking Savings Other

I/we agree to maintain sufficient collected funds in the Depository Account to cover the full amount of the loan payments when due. Failure to maintain such funds shall be construed as failure to make payment when due.

I/we agree that consent by WSFS to this Agreement does not waive WSFS right to strict performance of the loan documents, nor obligate WSFS to make any loan changes. It is our intention to retain as liable parties all makers and endorsers of the original loan documents, including any accommodation parties and we hereby expressly release WSFS from liability for any claims, defenses, causes of action, damages, losses, whether known or unknown, now or previously existing, with respect to the Accounts named here, the loan documents and this Agreement, or any acts or omissions to act of WSFS relating to or arising out of the Accounts named here, the loan documents or this Agreement.

I/we agree that WSFS has the right to discontinue this Agreement at any time at their sole discretion and notify us of their decision within 60 days of such discontinuation.

In the event I/we decide to discontinue this Agreement, one of the signers below shall notify WSFS by sending such written notice to the Commercial Loan Department, WSFS Bank, 500 Delaware Avenue, 12th Floor, Wilmington, DE 19801 via certified/registered mail or special delivery with a signature required as proof of receipt. Revocation shall become effective within 60 days of WSFS receipt of such notice.

SIGNATURE: _____ DATE: _____
By: (Please print here)

SIGNATURE: _____ DATE: _____
By: (Please print here)

Please attach copy of voided check with this form.