

Payment Authorization - Investors

Contact Information

Name
Street
City
State
Zip
Phone
Email

Payment Details

Banking Information

ABA Number

Account Number

Authorization

By signing this form, I authorize Casco Financial to charge my bank account for the investment as documented in the signed Loan Package.

I understand that this authorization will remain in effect until I notify Casco Financial in writing to cancel it.

I certify that I am an authorized user of this bank account and will not dispute the investment so long as the transaction corresponds to the terms outlined in the Loan Package signed by both Investor and Casco Financial.

Signature
Date