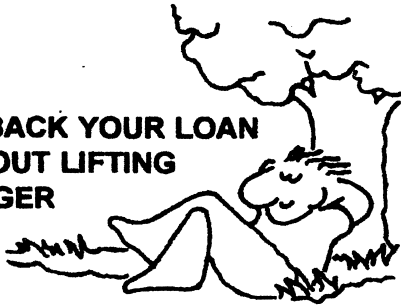


**PAY BACK YOUR LOAN
WITHOUT LIFTING
A FINGER**



Now your loan payments can be made automatically!

Save time and trouble by having your loan payment deducted electronically from your checking or savings account each month.

Trust Accounting's *Automatic Payment Plan* is a convenient, low-cost way to insure that your payments are always on time and your credit history is protected.

- ✓ No more worries about forgetting a payment.
- ✓ No checks to write.
- ✓ No postage to pay or envelopes to lick.
- ✓ No risk of mail delay or loss.
- ✓ No late charges.

In addition, our *Automatic Payment Plan* helps you keep track of your loan. If you sign up for statements, you'll receive a detailed accounting each month so you'll have verification that your payment was credited on time. You'll see how much interest you paid and the present balance of your account. If you would prefer, you can sign up for free online inquiry. Call us for details.

To enjoy the benefits of *Automatic Payment* and *Account Statements* just complete the authorization and return it with your next regular payment.

Automatic Payments without Statements....N/C
Automatic Payment with Statements.....\$4.00
Account Statements Only.....\$4.00

Trust Accounting Center

Contract Administration Specialists, Inc.
PO Box 730 Anacortes WA 98221
800 562 2044 or 360 293 0661
fax 360 293 0662
tac@trustaccountingcenter.com
www.trustaccountingcenter.com

Automatic Payment Plan Authorization

Yes, I want to pay the easy way. Sign me up for Automatic Payments.

I hereby request and authorize my bank to accept debit entries from Trust Accounting Center (TAC). Each month TAC may debit my account for the amount indicated below. I have enclosed a voided check identifying the bank and account to be debited.

I understand that electronic debit authorization procedures take approximately 30 days. Therefore, I have included a check and coupon for my next payment with this authorization. I understand that my Automatic Payment Plan will begin the following month.

This authorization is to remain in effect until I notify TAC in writing. I agree to pay a cancellation fee if I provide fewer than 30 days notice to TAC. I have the right to stop payment of a debit by notifying my bank and TAC at least 3 days prior to my next payment. I agree to pay a fee if I stop a debit or if funds are not available to cover any regular debit. In case of an erroneous debit, provided I notify the bank within 60 days of receiving my statement, the bank must investigate and resolve the error within 45 days. If it has not done so within 10 days, my account will be re-credited for the amount in question until the matter is resolved.

Name: _____

TAC Account Number: _____

Amount to be Deducted: _____
(Any fees will be added to this amount.)

Deduct payments on the _____ day of each month beginning ____/____/____. If no day is specified, payments will be deducted on the day indicated in the note or contract.

I understand that when my payment date falls on a weekend or holiday, my payment will be deducted on the last business day PRIOR to the payment date.

Signature: _____

Account Statements

If you wish to have a monthly statement sent to you as proof of this debit, sign the request below:

I would like an account statement sent to me each month. I understand the fee for this service is \$4.00.

Signature: _____