



ACH INTEREST PAYMENTS

Prime Alliance Bank is hereby authorized to credit our interest payments via ACH as follows:

Institution Name: _____
ABA #: _____
Account Name: _____
Account #: _____
Account Type: Checking Savings
Interest Frequency: Monthly Quarterly Annually
Prime Alliance Bank Account #: _____

X _____
Authorized Signature Date

Print Name Position in Company (if applicable)

X _____
Authorized Signature Date

Print Name Position in Company (if applicable)