



Automatic payment / Authorization to draft

Account information

Line of Credit account number: _____

Payment due date: _____

- If checked, I authorize Wells Fargo to initiate debit entries to my deposit account for the minimum monthly payment only.
- If checked, in place of my minimum payment, I authorize Wells Fargo to initiate debit entries to my deposit account for the fixed amount of \$ _____ each billing cycle.

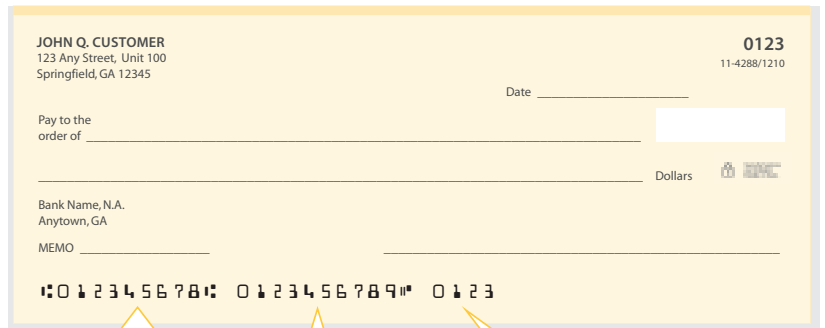
** I will be notified in my periodic statement of the minimum payment amount due. If my minimum payment amount due for any billing cycle is greater than the scheduled draft amount I selected above, my deposit account will automatically be debited for the higher amount to satisfy my account's minimum payment requirements.

Fax this form to: 1-540-561-5172 or mail to: Wells Fargo Bank N.A., PO Box 563966 Charlotte, NC 28256-9913.

Please note: For existing line of credit accounts, I understand it may take 1 or 2 billing periods / cycles for any authorization to draft to become effective. I will continue to pay using my current payment method until my authorization to draft is effective.

Deposit account information

Please attach a voided personalized check or copy of a voided savings withdrawal ticket. If neither is available, complete the information below. Do not include your check number.



- Wells Fargo Bank or Wachovia Bank
 - Other financial institution name: _____
- Financial institution city/state/zip: _____
- Routing Transit Number: _____
- Deposit account number: _____

This authorization must be signed to implement the autodraft feature.

I authorize Wells Fargo Bank, N.A., to initiate debit entries to my account described above (deposit account) for the purpose of paying the regularly scheduled payment amount or minimum payment amount on the line of credit (line of credit account) described above.
Note: If you have multiple accounts, you need to complete a form for each account.

Signatures:

All deposit account owners must sign. By signing below, I confirm that I have received / retained a completed copy of this Authorization and consent to its terms and conditions.

Owner name: _____

Owner name: _____

Signature: _____

Signature: _____

Title (if applicable) _____

Title (if applicable) _____

Date: _____

Date: _____

TERMS AND CONDITIONS

In this Authorization to Draft ("Authorization"), "I," "me," and "my" refer to all Deposit Account owners signing this Authorization, jointly and severally. "Wells Fargo" refers to Wells Fargo Bank, National Association, as Lender.

Termination of Authorization: This Authorization will be in effect until: (a) I notify Wells Fargo in writing that I no longer desire this service; (b) the Line of Credit Account is paid in full, and any commitment to lend on the Account is terminated; or (c) Wells Fargo terminates this agreement. Wells Fargo may terminate this agreement if: (a) I close the Deposit Account; (b) on two successive occasions Wells Fargo is unable to debit the Account for the full amount due; or (c) Wells Fargo determines, in its discretion, that a change in federal or state law applicable to the Deposit Account or Line of Credit Account makes it illegal or impractical to continue this service or necessitates a change in terms of this Authorization.

The service will be discontinued within approximately seven (7) business days after Wells Fargo receives your request to cancel. Your service, however, may not be canceled within three (3) calendar days of your payment due date. Any payments that cannot be processed for any reason are subject to the same return payment fees as other payments. Wells Fargo may terminate this agreement upon written notice and reserves the right to limit participation to customers whose accounts are in good standing. The service will also be canceled upon receipt of Bankruptcy notice.

Payment Due Date: I understand and agree that if a payment due date falls on a Saturday, Sunday or bank holiday, the payment amount will be debited from the Deposit Account on the next day Wells Fargo is open for regular business.

Insufficient Funds: I understand and agree that if the Deposit Account does not have a sufficient balance on a day that a payment is to be debited, Wells Fargo may suspend further efforts to debit the Deposit Account and look directly to the borrower(s) for the payment.

Delinquent Account: I understand and agree that if the Line of Credit Account is delinquent on the date that the Deposit Account is scheduled for debit, Wells Fargo may choose not to debit the account in Wells Fargo's sole discretion.

Stop Payment: I have the right to stop payment of a debit by notifying Wells Fargo at least three business days before the Deposit Account is to be charged. If I notify Wells Fargo to stop payment of a debit or that I no longer desire this service and my notice is not in writing, Wells Fargo may require that I provide written notice within 14 days of the day I first give notice.

Amount of Debit: If a full or partial payment is made on the Line of Credit Account prior to a payment due date, Wells Fargo will only debit the Deposit Account for the unpaid portion of the minimum payment amount due. If a partial payment is made on a Line of Credit Account prior to a payment due date, Wells Fargo may continue to debit the Deposit Account for the entire regularly scheduled payment amount due.

Responsibility: Except to the extent that additional responsibility or liability is imposed by applicable law, Wells Fargo shall have no liability to me with respect to a debit against the designated Deposit Account which is drawn in an incorrect amount or drawn or presented after this Authorization has terminated other than the responsibility to correct any such error.

For Line Accounts with Interest Rates or Payment Amounts That May Change: The amount of the debit to my Deposit Account may vary. I have a right to receive a notice at least 10 days in advance of the due date of any payment in a varying amount.