



Additional Payment Debit Authorization

To: Superior Financial Group (“SFG”)

Re: SFG Loan #: _____

From (business name): _____

(individual(s) name): _____

The borrower(s) authorizes SFG, to debit \$ _____ from the following business bank account on _____:

Account name: _____

Account No.: _____

Routing No.: _____

The person signing below (only one signature is required) represents he/she is signatory on the above account and is authorized by all owners of 20% or more interest in the business to execute this Authorization.

Dated: _____

(Signature of Borrower and Title)

Fax to Superior Financial Group at (925) 482-2944
or email to keverett@superiorfg.com