



**T.C. Corp** c/o Euromarketing SARL  
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# AGREEMENT FOR PRE-AUTHORIZED DEBITS

This agreement authorizes TC Corp to transfer funds to and from your Bank account. Your acceptance is required to simplify making your monthly payments (if you cannot pay by allotment), extra payments (to prepay your loan), to make up for late payments (allotment misprocessed), or to refund overpayments to your account. TC Corp will not process any transfers from your account without your authorization.

Please ensure all information is complete and correct. We recommend that you contact your bank for assistance if necessary. Please complete, date, sign, and return with a voided check from your account.

### DEPOSITORY INSTITUTION (MY BANK INFORMATION)

Bank Name
Address
City, State, ZIP
Routing/ ABA No. (9 Digits)
Account No.
Account Name (both names if joint account)
Account Type (select) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

### DEPOSITORY INSTITUTION (TC CORP BANK INFORMATION)

Bank Name <b>FIRST STATE BANK</b>
Address <b>2002 Broadway</b>
City, State, ZIP <b>Scottsbluff, NE 69363</b>
Routing/ ABA No. (9 Digits) <b>1 0 4 1 1 3 3 4 3</b>
Account No. <b>7 1 1 9 2 8 2</b>
Account Name <b>TC FINANCE CO.</b>
Account Type <b>CHECKING</b>

The words I and my means each person who signs this document (thus meaning we and our for joint account holders). By signing this document in conjunction with my TC Corp loan, I authorize TC Corp and First State Bank to initiate debit entries (draft payments) or credit entries (refunds) on my above Account for TC Corp loan payments. I further instruct TC Corp and First State Bank to credit debit entry transactions from my Account mentioned above for the benefit of TC Corp per TC Corp Bank account information above. I may instruct TC Corp to initiate debit entries from my account by request to an authorized TC Corp representative by phone, fax, or e-mail, upon 24 hour notification. In the event an authorized draft payment request is rejected by my Bank, I authorize TC Corp to reprocess the draft payment request within 5 working days, increased by a \$15.00 processing charge if the draft was rejected due to insufficient funds. **TC Corp shall not initiate draft payment entries without my authorization.**

**If I am not paying by allotment, or another form of automatic monthly payment, or if my allotment is discontinued, and if my TC Corp loan account is more than 30 days past-due, I authorize TC Corp to process monthly debit entries (draft payments) from my above Account per the Specific Monthly Transaction information below, unless I expressly instruct otherwise.**

### SPECIFIC MONTHLY TRANSACTION INFORMATION (if no allotment payments are set up) :

Transaction date (please select)	<b>3<sup>RD</sup> OF EACH MONTH</b> (or following working day) OR <input type="checkbox"/> <b>17<sup>TH</sup> OF EACH MONTH</b> (or following working day)
Transaction frequency	<b>MONTHLY THROUGH PAYOFF</b>
Transaction amount	<b>\$</b>
Transaction Reference	<b>TC CORP / LOAN PAYMENT</b>

This authority is to remain in full force and effect until TC Corp and/or First State Bank has received written notification from me of its termination in such time and in such manner as to afford TC Corp a reasonable opportunity to act on it. I agree that your rights in respect to this transaction will be the same as if it were a check drawn on my account and signed personally by me. I agree that any reasonable transfer fees will be at my expense and may be charged against my account with TC Corp.

**X** **DATE HERE**  
 \_\_\_\_\_  
 DATE

Mailing address  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**X** **SIGN HERE**  
 \_\_\_\_\_  
 SIGNATURE

Phone no : (        )  
 \_\_\_\_\_  
 email :  
 \_\_\_\_\_

**I attach a VOIDED CHECK from the account for verification purposes**