

**Authorization for Automatic Debits**

I/we authorize Beach Business Bank (the "Bank") to initiate debit entries to my/our account at the depository identified below for the purpose of accomplishing the following preauthorized payments:

<b>Amount:</b>	\$ _____	<input type="checkbox"/> Amount may vary <input type="checkbox"/> Amount must not exceed \$ _____	
<b>Frequency:</b>	<input type="checkbox"/> Single Payment <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____		
<b>Account Name:</b>			
<b>Depository Institution Name:</b>			
<b>Branch Address:</b>			
<b>Routing Number:</b>		<b>Account Number:</b> <i>Attach Voided Check Below</i>	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
<b>Effective Date:</b>		<b>Termination Date:</b>	
<b>Application of Funds:</b>	<input type="checkbox"/> Deposit to New Account	<input type="checkbox"/> Deposit to Account # _____	<input type="checkbox"/> Payment for Loan # _____

I/we warrant that I am/ we are the owner(s) of this account or that I/we have sufficient authority to withdraw funds from this account. I/we further warrant that there are and will continue to be sufficient funds in the account to cover the amount of our request, and understand that should the debit be returned unpaid for any reason, we will immediately reimburse Beach Business Bank for the full amount of the transfer. I/we acknowledge that the origination of this/these transactions must comply with the provisions of U.S and California law and the rules and guidelines established by the National Automated Clearing House Association (NACHA). I/we understand that this authorization will remain in full force and effect until the termination date stated above or until Beach Business Bank has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Bank a reasonable opportunity to act on it.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Company Name (if applicable)

X \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Printed Name

X \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Printed Name

<p>Attach copy of voided check here and return to:</p> <p style="text-align: center;">Beach Business Bank / The Doctors Bank:</p> <p style="text-align: center;"><b>FAX: (310) 496-0974</b></p> <p style="text-align: center;">1230 Rosecrans Ave., Suite 100                  Manhattan Beach, CA 90266</p>
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