



AUTHORIZATION AND DIRECTIVE

Date _____

Loan # _____

The Undersigned authorizes and directs _____(bank name) as agent to initiate checks or transfers payable to Alliance Laundry Systems for amounts, from time to time agreed upon between Alliance Laundry Systems and Undersigned, to be charged against Undersigned's bank demand account. Rights of bank shall be the same as if these transfers were checks personally executed by Undersigned. This agency authorization remains in effect until revoked in writing by Undersigned or Alliance Laundry Systems. By accepting this agency authorization, Alliance Laundry Systems agrees that, as long as Undersigned demand account shows a balance sufficient to cover any payment authorized herein, Undersigned will not be deemed in default of any contractual payment obligation to the Association.

Please attach a voided check along with this authorization

I/We hereby authorize _____, as agent to transfer funds from:
(Bank Name)

Bank Name

Bank Address

Routing Number

Checking Account # _____

Money Market Account # _____
(identified by attached blank voided check)

on the _____ day of each month beginning _____
(date)

Printed Name

Printed Name

Signature

Signature

For loan payments check one of the following:

Regular payment of \$ _____ or Regular payment with \$ _____ extra to principal

Changes in the regular payment on my loan will result in the automatic change of the above payment.

It is understood that, funds are to be transferred only to the above-specified accounts which the Undersigned hereby represents as having identical ownership and substantially identical withdrawal or access rights. The Undersigned shall have sole responsibility for maintaining such identical ownership and withdrawal or access rights in such accounts and agrees not to hold the above-named financial institution responsible for any refusal or failure to make a transfer. I/(We) further agree that every such transfer of funds shall be at the sole risk of the Undersigned until such time as this authorization to make such transfers is revoked by me(us) in writing delivered to the financial institution.

Please return completed and signed form with voided check either by Fax or mail to

Fax: 920-748-4477 Mail: Alliance Laundry Systems ATTN: Finance
PO Box 990
Ripon WI 54971

*This agreement is subject to \$30 ACH return fee if ACH is returned for any reason.

FOR OFFICE USE ONLY

Date this Pre-Authorization Payment was set up on line _____

The above authorization dated _____ is hereby revoked effective _____