

Debit Authorization – One Time Payments

*(Complete this fill-in form; print it; sign; attached a voided check; and mail to:
Scottsdale Fund, PO Box 26775, Scottsdale, AZ 85255)*

Upon my giving telephone instructions by: (a) calling 480-757-0108, or (b) by email to payments@ScottsdaleFund.com or (c) fax instructions to 480-757-0049, I (we) authorize Scottsdale Fund, LLC, hereinafter called "Company" to initiate debit entries to my (our) account indicated below and Parkway Bank & Trust Company to debit the same account for an amount so instructed at the time of one-time payment instruction.

(Financial Institution Name)	(Branch)	
(Address)	(City/State)	(Zip)
(Routing Number)	(Account Number)	

Type of Account (check one): Checking Savings

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and manner as to afford Company and Parkway Bank & Trust Company a reasonable opportunity to act on it.

Name(s): _____ **Loan #:** _____

Signature(s): _____

Date: _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!

FOR COMPANY USE ONLY

Date received

Processed by