

Debit Authorization – Recurring Fixed Payments

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

I (we) hereby 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 \$_____ on the _____ day of each calendar month.

_____		_____	
(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