

SECURITY INNOVATION GROWTH

## STERLING PACIFIC FINANCIAL

1205 Freedom Blvd. Suite 2 Watsonville, CA 95076 P 831.786.1980 F 831.786.1999

## **AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER (EFT)**

Investor Name:	Social Security Number:
Address:	Investor Partner Number:
City:	State: Zip Code:
deposit distributions from my (of financial institution (the "BANK noted below in the vent SPL, Ir provided that such debit shall rethat I (we) withdraw funds error	ng Pacific Lending, Inc. DBA Sterling Pacific Financial (SPL, Inc.) to our) interest in the units of SPL, Inc. into the account listed below at the count listed below. I further authorize SPL, Inc. to debit my account nc. erroneously deposits additional funds to which I am not entitled, not exceed the original amount of the erroneous deposit. In the event neously deposited into my account before SPL, Inc. reverses such has the right to retain any future distributions that I am entitled until the sare recovered by SPL, Inc.
from me of the termination of the	in full force and effect until SPL, Inc. has received written notice his authorization in time to allow reasonable opportunity to act on se written notice of termination of this authorization.
INVESTOR INFORMATION	
Signature:	Date:
Investor or	Date: Trustee:
	Date:
Investor or	
Cell Number:	Phone Number:
REQUIRED FINANCIAL INSTITU	JTION INFORMATION FOR ELECTRONIC FUNDS TRANSFER
Bank Address:	
Bank Name:	Account Number:
Account Type:In:	stitutional Routing Number / ABA Number:
THIS REQUEST WILL NOT CHECK	BE HONORED UNLESS YOU ENCLOSE A VOIDED
	d must be tested. Authorization forms received after the first of the ving month in order to allow sufficient time for testing**
	(or deposit slip for savings account) with the completed form and cial ATTN: Kelly at 1205 Freedom Blvd. Suite 2
Statement Option: E-Mail	Paper Statement via U.S. Mail Both