



NEW JERSEY / NEW YORK
 Commercial Loan Servicing
 POB 558, Wayne, NJ 07474

FLORIDA / ALABAMA
 Commercial Loan Servicing
 POB 17540, Clearwater, FL 33762-7540

**AUTHORIZATION AGREEMENT FOR:
 PREAUTHORIZED ELECTRONIC TRANSFER OF COMMERCIAL LOAN PAYMENTS**

1. This Loan Payment Auto Debit Authorization Agreement is between VALLEY NATIONAL BANK ("we", "us", or "our") and _____ ("you" or "your").
2. You understand and agree that by executing this Loan Payment Auto Debit Authorization Agreement you are authorizing us to debit your: Valley Checking Account Number _____ for scheduled payments on Loan Account Number _____ in the name of _____, effective upon date of execution of this agreement.
3. If the funds in your account are insufficient to cover any payment, on the payment due date, we shall not be obligated to advance funds to cover the payment, and late charges may be incurred. We reserve the right to terminate this authorization for any reason.
4. This Loan Payment Auto Debit Authorization Agreement will remain in effect until we receive a written notice of cancellation from you (see bottom part of this form).
5. You acknowledge and confirm that this authorization is done at your request and for your convenience. You agree to indemnify and hold harmless us, Valley National Bank, and their partners, subsidiaries, affiliates, agents, successors and assigns, and each of them against and from any and all liabilities and expenses of whatever nature (including reasonable attorneys' fees and costs) arising out of or in any way connected with this Loan Payment Auto Debit Authorization Agreement and in the transference of funds in reliance on your authorization contained in this Loan Payment Auto Debit Authorization Agreement.

INDIVIDUAL ACKNOWLEDGMENT

_____ SIGNATURE	_____ PRINT NAME	_____ DATE
_____ SIGNATURE	_____ PRINT NAME	_____ DATE

CORPORATE ACKNOWLEDGMENT

Company Name _____

BY: _____	BY: _____
PRINT NAME: _____	PRINT NAME: _____
TITLE: _____	TITLE: _____
DATE: _____	DATE: _____

NOTICE OF CANCELLATION

Effective _____, 20____, the undersigned hereby cancels the Above-Referenced Loan Payment Auto Debit Authorization Agreement.

Signature: _____ Date: _____

BACK OFFICE USE ONLY

Received & Verified by: _____ Branch: _____

Input by: _____ Date: _____

PLEASE MAIL OR SCAN AND EMAIL THIS FORM TO THE APPROPRIATE ADDRESS ON TOP OF THE PAGE.