



PRE-AUTHORIZED WITHDRAWAL OR DEBIT AUTHORIZATION



APPLICATION DATE: \_\_\_\_\_ (MONTH/DAY/YEAR)

TO:  New Authorization  Change Account Number  Cancellation of Authorization
 Change of Banking Institution  Others \_\_\_\_\_

ORIGINATOR COMPANY (IC): Company Name: Island Finance LLC, Tel: 787-281-2020 Postal Address: P.O. Box 195369
City: San Juan, State: PR, Zip Code: 00919-5369

RECEIVER DEPOSITARY INSTITUTION (RDFI): (Institution to which the checking or savings account to be debited belongs)

Name: \_\_\_\_\_ Routing Number \_\_\_\_\_

Postal Address or Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Name (s): \_\_\_\_\_ Account Type: Checking - Savings

You possess a mortgage:  Yes  No You own a car:  Yes  No

TRANSACTION DESCRIPTION:

Make direct account debit: \_\_\_\_\_ for the amount of: \_\_\_\_\_. The
days \_\_\_\_\_ of each month, for the term of \_\_\_\_\_ months, starting \_\_\_\_/\_\_\_\_/\_\_\_\_\_ (month/day/year)

Loan Number: \_\_\_\_\_ Customer Number: \_\_\_\_\_

I hereby request and authorize the originator company (IC) above to originate the withdrawal or debit transactions
described above to be applied to my account whose number is previously indicated in the receiving depositor
Institution (RDFI), such transaction to be effective on the date specified in this contract that is issued for the purposes
and the receiving depository institution (RDFI) is hereby authorized to apply such transactions. All parties hereby
authorized are exempted from liability for any loss that may be incurred by them as a result of the execution of this
authorization, except for negligence on the part of any of them, in which case the responsible party shall reimburse
the signatory for the amount of any loss incurred as a result of such negligence, plus any evidenced expenses incurred
as a result of any action taken to recover such losses. I agree that the parties concerned will be fully protected when
honoring any withdrawal or debit and I further agree that if any such electronic debit transactions are not honest,
either with or without cause, the signatory will take the necessary steps to correct the event and to deliver, by means
that at the time is most expeditious, the funds represented by the non-honest transaction. This authorization shall
remain in effect until revoked in writing by the signer at least 5 business days prior to the next withdrawal and until
such notice is received by the originator company and the receiving depository institution. The above parties are
likewise authorized to initiate any electronic transactions that are necessary to adjust any incorrect charges that are
established under this mandate. The service will be cancelled immediately upon receipt of the second (2) consecutive
payment returned for "insufficient funds" or after receiving the third (3) returned payment if the funds are not
available or by not replenishing the returned funds payment. The total of the payment fee returned for lack of funds
is \$10. To get the service the account must be up to date (you cannot have late payments). "The signatory customer
will get a transcript of this authorization".

\_\_\_\_\_  
Customer Name

\_\_\_\_\_  
Signature of Representative/Branch

\_\_\_\_\_  
Customer Signature

Grid of 10 boxes for USER ID

USER ID