

AUTOMATIC PAYMENT AUTHORIZATION — INTERNAL

I/We authorize Advisor Bank through The Bancorp Bank, "the Bank," to transfer funds from my/our deposit account at the Bank for payment of:

Loan Number

I/We understand that transfers will be made monthly, unless the one-time transfer option is selected, on the due date of the loan payment. If the due date falls on a holiday or non-business day, the transfer will be made the next business day. This authorization will remain in effect until I/ we have cancelled it in writing at least three (3) business days prior to the applicable payment date. For one-time transfers, the debit will be processed on the business day the Bank receives this completed and signed form unless it is received after business hours, in which case it will be processed on the next business day.

I/We also understand that if funds are not available on the due date, additional attempts will be made to satisfy the payment, up to 9 times over 9 calendar days. If the payment is not paid at the conclusion of the 9th & final attempt, I/we must make a payment by utilizing a different payment method. A late charge may be assessed. If your payments fail for three (3) consecutive months, we reserve the right to remove you from this service. You will be notified should this occur.

Note: If you authorize these transfers, you will continue receiving your monthly statements.

PART 1: Loan Account With Us ("Transfer To")

Loan Account Name

Loan Account Number

PART 2: Deposit Account With Us ("Transfer From")

Account Name

Account Number

Account Type: Checking Savings

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PART 3: Monthly Loan Payment Information

Please select one of the following payment options:

One-time transfer of _____ .
Dollar Amount

Recurring monthly payment of exact amount billed to begin: _____ .
Month

Recurring monthly payment of exact amount billed plus _____ additional principal each month
Dollar Amount

to begin: _____ .
Month

Fixed recurring monthly payment of _____ to begin: _____ . I/we understand
Dollar Amount Month

that if the monthly interest accrual exceeds this amount, I/we may have unpaid interest accrual and this interest will remain unpaid and due on my/our account.

Note: For recurring payments, the amount indicated will be pulled on the same date as the payment due date referenced on your monthly loan statement.

PART 4: Signature of Account Owner

Signature of Authorized Account Signer

Date (mm/dd/yyyy)

Print Name

Please **mail or fax** this completed form to:

Advisor Bank Attn: Loan Department
409 Silverside Road, Suite 105, Wilmington, DE 19809

Fax: 302.791.5610

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.

FOR BANK USE ONLY

Date Received (mm/dd/yyyy)

Date Set-up Completed (mm/dd/yyyy)

Processed by