



Pledged Asset Line® Automatic Payment Authorization Form

1-800-838-6573

Instructions

In order to establish automatic payments to your Schwab Bank Pledged Asset Line, you must call 1-800-838-6573 or complete, sign, and return this form to Charles Schwab Bank (“Schwab Bank”) by fax or mail.

Fax to: 1-800-977-8871

Or mail to:

Charles Schwab Bank
Attn: PAL Support Team
4750 E. Francisco Dr.
Phoenix, AZ 85044

Use this form to establish a standing authorization to make automatic payments or a one-time payment to your Schwab Bank Pledged Asset Line (PAL) Account from your savings or checking account at Schwab Bank, your brokerage account at Charles Schwab & Co., Inc. (“Schwab”) that has a checkwriting feature, or a savings or checking account at another United States financial institution by electronic funds transfer. **You may not use this form to transfer funds out of your Schwab Bank PAL or to establish a standing authorization to make automatic payments from any organization or corporate account, custodial account, retirement account, or Pledged Asset Account Schwab Bank (PAASB).**

1. Schwab Bank PAL Account Information (required)

Complete all sections. We respect your privacy. Schwab Bank will use the information you provide to service your accounts, communicate with you, and provide information about products and services. Read about Schwab Bank’s privacy policy at www.schwab.com/privacy.

Schwab Bank PAL Account Number															
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Name(s) on Schwab Bank PAL Account (List all names as they appear on your Schwab Bank PAL Account statement.): _____

2. Transfer Instructions (Check one.)

A. Set Up, Change, or Terminate Existing Instructions

- Set up new instructions. If existing instructions are in place they will not be modified. (Complete all applicable sections.)
- Set up instructions for an additional account from which direct debits are to be made, and terminate existing instructions with respect to debit account number _____ with (list name of existing financial institution) _____. (Complete all applicable sections.)
- Terminate all existing instructions. (Complete Sections 3 or 4, as applicable, and 5.)
- Change amount for recurring fixed payment instructions. (Complete Sections 2B and 5.)

B. Type of Transfer: Indicate Type of Payment Below (Select one or both options.)

- Recurring Variable Payment: Total Amount Due This Period**
Pay “Total Amount Due This Period” as shown on the monthly statement for your PAL Account on the Payment Due Date, and apply payment according to the terms of the PAL Promissory Note.
- Recurring Fixed Payment of \$ _____**
Pay fixed amount requested on the Payment Due Date, and apply payment according to the terms of the PAL Promissory Note. If the amount requested is greater than the Ending Statement Balance shown on the monthly statement for your PAL Account, the payment will be rejected.

Note: Contact the Schwab Bank PAL Service Team directly at 1-800-838-6573 for one-time payments or additional support in changing existing instructions.

3. Transfer From Your Schwab Bank or Charles Schwab & Co., Inc. Brokerage Account

(Note: Payment features must be enabled on your Charles Schwab Brokerage account.)

A. Schwab Bank Account Number

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Type of Account (Check one): Checking Account Savings Account

Please refer to the Schwab Bank Deposit Account Agreement and Disclosure Information for important terms and conditions about Money Transfer Services.

B. Charles Schwab & Co., Inc. Brokerage Checking Account Number (10-digit DDA):

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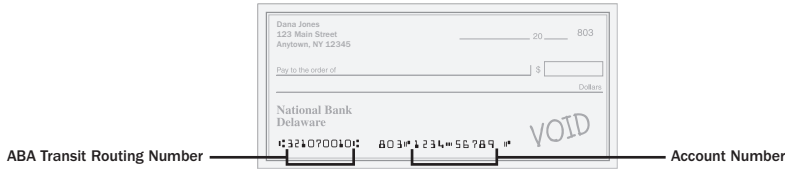
Routing Number: 031100157



4. Transfer From Other Financial Institution Account

ABA Transit Routing Number: _____ Account Number: _____

Type of Account (Check one.): Personal Checking Account Personal Savings Account



5. Authorization to Transfer Funds and Additional Terms and Conditions

Each of the undersigned makes the following authorizations, as applicable, and agrees to the additional terms and conditions:

- A. Authorization With Respect to Schwab Bank Accounts and Schwab Accounts.** I authorize Schwab Bank to (i) initiate debit entries to my Schwab Bank account or Schwab account described in Section 3 above in the amounts and at the times described in Section 2 above, and (ii) initiate other entries to such account that may be required to correct errors or make adjustments.
- B. Authorization With Respect to Other Financial Institution Accounts.** I authorize Schwab Bank to (i) initiate debit entries to my account described in Section 4 above and to debit that account in the amounts and at the times described in Section 2, and (ii) initiate other entries to such account that may be required to correct errors or make adjustments.
- C. Additional Terms and Conditions.**
 - i. Term of Authorization and Revocation of Authorization.** This authorization will remain in full force and effect until Schwab Bank has received written or verbal notification from me (or any of us) of its termination. Schwab Bank must receive this notification in a time and manner so as to give Schwab Bank, Schwab, and the Other Financial Institution, as applicable, a reasonable opportunity to act on it and, in any event, at least 10 days prior to the next scheduled payment date. If my PAL Account is paid in full and closed, I understand that I am responsible for terminating this authorization.
 - ii. Variable Payments.** With respect to any transfer that is a "Recurring Variable Payment," I understand that the payment amount may vary from previous transfers made under the same authorization due to, among other things, changes in the periodic finance charges, additional loan requests, additional fees and charges, and payments made directly to reduce the PAL principal balance.
 - iii. Draft Date of Payments.** All payments will be drafted on the Payment Due Date shown on the monthly statement for your PAL Account. If any Payment Due Date falls on a weekend or a Federal Reserve Bank holiday, then the payment will be drafted on the next business day. I understand that it may take several days from the date this authorization is submitted to Schwab Bank to process and initiate this payment method.
 - iv. Insufficient Funds.** I understand and agree that if my account listed above does not have sufficient funds to make the requested payment, I must make all required payments on my PAL Account by other means. Schwab Bank will not be responsible or liable for any penalties or charges assessed by any other institution as a result of such insufficiency.
 - v. Cancellation by Schwab Bank.** I understand that Schwab Bank may cancel this payment authorization at any time at its sole discretion.
 - vi. Acknowledgment.** I understand that the automatic payment arrangement described herein is for my sole convenience and does not change or modify my obligations to Schwab Bank with respect to the PAL Account set forth in my loan documentation, including any payment obligation. I further acknowledge that Schwab Bank is the originator of any ACH transactions to my account, that the origination of any ACH transactions must comply with the provisions of U.S. law and the NACHA Operating Rules, and that I have received a copy of this authorization.

SIGNATURES ARE REQUIRED BELOW FOR ALL OTHER FINANCIAL INSTITUTION ACCOUNT HOLDERS AND AT LEAST ONE SCHWAB BANK OR SCHWAB ACCOUNT HOLDER:

If I am an account holder of the Schwab Bank account, Schwab account, or an account holder of an Other Financial Institution account, my signature below constitutes my agreement with the terms set forth in Section 5.

Signature(s) and Date(s) Required

X
 Schwab or Schwab Bank Account Holder/Co-Trustee/
 Authorized Agent/Other Financial Institution Account Holder Signature _____ Print Name _____ Date _____

X
 Schwab or Schwab Bank Account Holder/Co-Trustee/
 Authorized Agent/Other Financial Institution Account Holder Signature _____ Print Name _____ Date _____

X
 Schwab or Schwab Bank Account Holder/Co-Trustee/
 Authorized Agent/Other Financial Institution Account Holder Signature _____ Print Name _____ Date _____

