

US — AUTHORIZATION AGREEMENT FOR PAYMENT BY ELECTRONIC FUNDS TRANSFER

Business/Vendor Name _____

Business/Vendor Email _____

Company Name Neighborly _____

I hereby authorize Neighborly and Subsidiaries herein referred to as Company, to initiate credit entries to my checking or savings account indicated below and the Depository named below herein after called Depository, to credit to such account, and in the event that I am paid incorrectly, to reverse and correct the amounts.

Depository Bank _____

Bank Transit ABA No. _____

Bank Account No. _____

Checking _____ Savings _____

This authorization is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Authorized Signature _____ Date _____

Note: It takes approximately 1 to 2 weeks for this auto deposit to go into effect.