



1. I acknowledge that SBC Solutions LLC. has a loan funding contingency fee of 9% of the total loan amount.
2. I acknowledge and accept that the funding contingency fee is due to SBC Solutions LLC within 2 business days from receiving access to the funds.
3. I acknowledge and accept that a late fee will accrue 2 business days after I receive access to the funds, the accruing late fees will be \$25.00 each day.
4. I acknowledge and accept that SBC Solutions LLC accepts payment by invoice. Invoice will be submitted through a third-party processing company that accepts check, debit, or credit card.
5. I acknowledge and accept that there will never be any application cost or fee to be paid up front. Fees would only be paid if I take the loan and only then after the loan is to my account.
6. I acknowledge and accept that I am under no obligation to accept any loan presented to me from SBC Solutions LLC.

Signature: _____ Date: _____

Co-Signature: _____ Date: _____

One-Time e-Check Debit Authorization Form

This is permission for a single transaction only. As an authorized signer on the Depository Account presented, by completing and signing this form you give SBC Solutions LLC permission to charge/debit your account, one-time, for the amount indicated on or after the indicated date.

Please complete the information below:

I _____ as an authorized signer agree to charge/debit my account indicated below for 9% of total funds funded into signors account (as success fee for consultation services) two days after funding and receipt of funds in my account.

This payment is for business and financial consulting services.

Name on Account: _____

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Depository Bank _____ Checking _____

Routing Number _____ Savings _____

Account Number _____

Attach voided check to complete setup

I acknowledge that a minimum Non-Sufficient Funds (NSF) fee of \$32.00 may be charged by SBC Solutions LLC to me in the event there are insufficient funds available at the time the e-Check payment is submitted.

I authorize SBC Solutions LLC to charge/debit the account indicated in this authorization form according to the terms outlined above. This payment authorization is for the consultation services/invoice described above, for the amount indicated above only, and is valid for one-time use only.

I certify that I am an authorized signer on this Depository Account.

SIGNATURE _____

DATE _____

Scan & Email to: setup4success@sbc-solutionsllc.net