MINISTRY PARTNERS™
INVESTMENT COMPANY, LLC

Please Complete and Send the Form To:

Ministry Partners Investment Company, LLC
915 W. Imperial Highway, Suite 120
Brea, California 92821
Please contact us with any questions at (800) 753-6742

ACH Interest Payment Authorization

Investor Name: _____

Note Number: _____

Receiving Bank's Routing Number: _____

Receiving Bank's Name: _____

Receiving Bank's Address: _____

_____

Receiving Bank's Deposit Account Number: _____

Receiving Bank's Deposit Account Type: ☐Checking ☐ Savings

Payment Frequency: ☐Monthly ☐ Quarterly

You will receive your ACH Payment on the third business day of each payment period.
We require at least ten banking days to process your ACH payment request prior to your first payment.

I hereby authorize Ministry Partners Investment Company, LLC to credit the above bank account for scheduled interest payments as stated in my Ministry Partners Investment Company LLC Note. The sole purpose of this form is to authorize the crediting of accrued interest to my checking or savings account at the banking institution designated above. This authorization will remain in effect until Ministry Partners Investment Company, LLC receives written notice from me of its termination. I acknowledge that written notification to terminate must be provided Ministry Partners Investment Company, LLC no less than three (3) business days prior to the scheduled date of interest payment to act on my direction. I acknowledge that the origination of Electronic Funds Transfer transactions must comply with the provisions of U.S. law. No revocation of this authorization may be effected through any third party, including the banking institution designated above, and must be made directly pursuant to written notice sent to Ministry Partners Investment Company, LLC.

Authorized Signer Signature | Printed Name of Authorized Signer | Date

Authorized Signer Signature | Printed Name of Authorized Signer | Date

To Be Completed by Ministry Partners

Received on (date): _____
Entered on (date): _____
by an authorized representative: _____
(initials)