

RBC Bank (Georgia), N.A. PO Box 90248 Raleigh, NC 27690-9542 Fax: 919-206-1225

FORM C: Consumer Loan Client Authorization Form

Date:	Loan Account #
Borrower:	
Co-Borrower (if applicable):	
1) Auto Debit Payment option	
(Borrower initial)	(Co-Borrower initial)
minimum monthly payment that will be d	bove, I/we authorize RBC Bank to charge the checking account below for the ue on the loan. I/we understand that I/we may terminate this authorization by or by calling 1-800 ROYAL® 5-3 (1-800-769-2553).
*Bank Name:	
Checking Account Type:	
Checking Account Name:	
*Checking Account Number:	
*Checking Routing Number:	
*Please provide a voided check if the che	cking account is not with RBC Bank (Georgia), N.A.
2) Overdraft Protection option (For Lin	ne of Credit only):
(Borrower initial)	(Co-Borrower initial)
I/We request the Line of Credit, reference Checking account(s) listed below:	ed by the account number above, be utilized as Overdraft Protection for my/our
Account Type:	Name on Acct:
Account Number:	
Account Type:	Name on Acct:
Account Number:	
Borrower Signature	Date Co-Borrower Signature Date

