

Payment Method Form For FlexNote Investors

1 st Lender Name		

2 nd Lender Name		

Street Address		

City	State	ZIP
_____	()	_____
Country	Phone	_____

Instructions:

1. Fill out your contact information in the box to the left.
2. Complete the Payment Delivery section below, indicating your preferred method of receiving payments for your FlexNote.
3. Sign, date, and return this form to Symerge:

Fax: 877-726-7267

Mail: FlexNote c/o Symerge
67 Pembroke Street
Rochester, New York 14620

Change My FlexNote Payment Method: (check one)

- Paper Check (FlexNote Default).** I/we understand that by checking this option, Symerge FlexNote payments will no longer be paid directly to my bank account, but will be mailed to my via a paper check at the address I've listed above.
- Electronic Funds Transfer.** I/we understand that by checking this option, Symerge FlexNote payments will made directly to my (the lender) bank account. U.S. accounts only. My bank info is written below.

Bank Name: _____

Routing Number: _____ **Account Number:** _____
(9 digit # on check) (from a check)

Account Type: Checking Savings

NOTE: Symerge will make a small test deposit into your account in order to verify that your bank information is setup properly. You will need to verify this deposit in order to complete the electronic payment setup. A Symerge staff member will contact you for this verification.

Signatures:

My/our signatures below authorize Symerge to deposit funds directly into the bank account listed above. If I am enrolling in Electronic Funds Transfer, I understand that I must verify the test deposit that Symerge makes to my account before my electronic FlexNote payments are setup. I understand that processing this change may take up to two weeks (not including the test deposit).

Signature of Lender Date

Signature of 2nd Lender Date