



PREMIER BANK

# Pledged Asset Line® Automatic Payment Authorization Form

Charles Schwab Bank | 1-800-838-6573

Charles Schwab Premier Bank | 1-877-566-3312

## Instructions

In order to establish automatic payments to your Charles Schwab Bank, SSB ("Schwab Bank") or Charles Schwab Premier Bank, SSB ("Schwab Premier Bank") (Schwab Bank and Schwab Premier Bank are each referred to individually as an "Affiliated Bank," and collectively referred to as the "Affiliated Banks.") Pledged Asset Line ("PAL"), you must call or complete, sign, and return this form by fax or mail.

Fax to: 1-800-977-8871

### Or mail to:

Charles Schwab Bank/Charles Schwab Premier Bank  
Attn: PAL Support Team  
4750 E. Francisco Dr.  
Phoenix, AZ 85044

Use this form to establish a standing authorization to make automatic payments or a one-time payment to your PAL account ("PAL Account") from your savings or checking account at Schwab Bank, your brokerage account at Charles Schwab & Co., Inc. ("Schwab") that has a checkwriting feature, or a savings or checking account at another United States financial institution by electronic funds transfer. **You may not use this form to transfer funds out of your PAL or to establish a standing authorization to make automatic payments from any organization or corporate account, custodial account, retirement account, Pledged Asset Account, or Pledged Account.**

## 1. PAL Account Information (required)

Complete all sections. We respect your privacy. The Affiliated Bank will use the information you provide to service your accounts, communicate with you, and provide information about products and services. Read about the Affiliated Bank's privacy policy at [www.schwab.com/privacy](http://www.schwab.com/privacy).

PAL Account Number																				
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Name(s) on PAL Account (List all names as they appear on your PAL Account statement.): \_\_\_\_\_

## 2. Transfer Instructions (Check one.)

### A. Set Up, Change, or Terminate Existing Instructions

- Set up new instructions. If existing instructions are in place they will not be modified. (Complete all applicable sections.)
- Set up instructions for an additional account from which direct debits are to be made, and terminate existing instructions with respect to debit account number \_\_\_\_\_ with (list name of existing financial institution) \_\_\_\_\_. (Complete all applicable sections.)
- Terminate all existing instructions. (Complete Sections 3 or 4, as applicable, and 5.)
- Change amount for recurring fixed payment instructions. (Complete Sections 2B and 5.)

### B. Type of Transfer: Indicate Type of Payment Below (Select one or both options.)

- Recurring Variable Payment: Total Amount Due This Period**  
Pay "Total Amount Due This Period" as shown on the monthly statement for your PAL Account on the Payment Due Date, and apply payment according to the terms of your loan documents.
- Recurring Fixed Payment of \$ \_\_\_\_\_**

**Note:** Contact the Lending Solutions Team directly at the Affiliated Bank's number referenced above for one-time payments or additional support in changing existing instructions.



3. Transfer From Your Schwab Bank or Schwab Brokerage Account

A. Schwab Bank Account Number

If you selected a recurring fixed payment and the amount requested is (a) greater than the amount of the Outstanding Loans but less than the total Obligations, or (b) greater than the total Obligations, then the payment will be rejected. The terms "Outstanding Loans" and "Obligations" are defined in your PAL Loan Documents.

Grid for account number input

Type of Account (Check one.):  Checking Account  Savings Account

Please refer to the Schwab Bank Deposit Account Agreement and Disclosure Information for important terms and conditions about Money Transfer Services.

B. Charles Schwab & Co., Inc. Brokerage Checking Account Number (10-digit DDA):

(a) If you selected a recurring fixed payment and the amount requested is greater than the amount of the Outstanding Loans but less than the total Obligations (as defined in your Loan Documents) on the scheduled payment date, the payment will be processed for the amount you requested and (b) if you selected a recurring fixed payment and the amount you requested is greater than the amount of the total Obligations on the scheduled payment date, the payment (i) will be processed for the amount of the total Obligations due on the scheduled payment date; (ii) will not exceed 100% of the recurring fixed payment amount you requested; (iii) will be applied according to the terms of your loan documents; and (iv) will constitute a variable payment. (Note: Payment features must be enabled on your Charles Schwab brokerage account.)

Grid for routing number input

Routing Number: 031100157

4. Transfer From Other Financial Institution Account

(a) If you selected a recurring fixed payment and the amount requested is greater than the amount of the Outstanding Loans but less than the total Obligations (as defined in your Loan Documents) on the scheduled payment date, the payment will be processed for the amount you requested and (b) if you selected a recurring fixed payment and the amount you requested is greater than the amount of the total Obligations on the scheduled payment date, the payment (i) will be processed for the amount of the total Obligations due on the scheduled payment date; (ii) will not exceed 100% of the recurring fixed payment amount you requested; (iii) will be applied according to the terms of your loan documents; and (iv) will constitute a variable payment.

ABA Transit Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account (Check one.):  Personal Checking Account  Personal Savings Account



ABA Transit Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

5. Authorization to Transfer Funds and Additional Terms and Conditions

Each of the undersigned makes the following authorizations, as applicable, and agrees to the additional terms and conditions:

- A. Authorization With Respect to Schwab Bank Accounts and Schwab Accounts. I authorize the Affiliated Bank to (i) initiate debit entries to my Schwab Bank account or Schwab account described in Section 3 above in the amounts and at the times described in Section 2 above, and (ii) initiate other entries to such account that may be required to correct errors or make adjustments.
B. Authorization With Respect to Other Financial Institution Accounts. I authorize the Affiliated Bank to (i) initiate debit entries to my account described in Section 4 above and to debit that account in the amounts and at the times described in Section 2, and (ii) initiate other entries to such account that may be required to correct errors or make adjustments.
C. Additional Terms and Conditions.
i. Term of Authorization and Revocation of Authorization. This authorization will remain in full force and effect until the Affiliated Bank has received written or verbal notification from me (or any of us) of its termination. Schwab Bank must receive this notification in a time and manner so as to give the Affiliated Bank, Schwab, and the other financial institution ("Other Financial Institution"), as applicable, a reasonable opportunity to act on it and, in any event, at least 10 days prior to the next scheduled payment date. If my PAL Account is paid in full and closed, I understand that I am responsible for terminating this authorization.
ii. Variable Payments. With respect to any transfer that is (i) a "Recurring Variable Payment," or (ii) a "Recurring Fixed Payment" that constitutes a variable payment as indicated in Section 4, I understand that the payment amount may vary from previous transfers made under the same authorization due to, among other things, changes in the periodic finance charges, additional loan requests, additional fees and charges, the payment amount requested being greater than the Outstanding Loans or total Obligations, as applicable, and payments made directly to reduce the PAL principal balance.



**5. Authorization to Transfer Funds and Additional Terms and Conditions** (Continued)

- iii. **Draft Date of Payments.** All payments will be drafted on the date you selected, with the exception of transfers from other financial institutions, when the payment date falls on a weekend or a Federal Reserve Bank holiday. Transfers from other financial institutions that fall on a weekend or Federal Reserve Bank holiday will be drafted on the next business day. I understand that it may take several days from the date this authorization is submitted to the Affiliated Bank to process and initiate this payment method.
- iv. **Insufficient Funds.** I understand and agree that if my automatic payment fails or is rejected for any reason or my account listed above does not have sufficient funds to make the requested payment, I must make all required payments on my PAL Account by other means. The Affiliated Bank will not be responsible or liable for additional periodic finance charges or fees due to a failed or rejected payment, or for any penalties or charges assessed by any other institution as a result of such insufficiency.
- v. **Cancellation or Modification by the Affiliated Bank.** I understand that the Affiliated Bank may cancel or modify this payment authorization at any time at its sole discretion.
- vi. **Acknowledgment.** I understand that the automatic payment arrangement described herein is for my sole convenience and does not change or modify my obligations to the Affiliated Bank with respect to the PAL Account set forth in my loan documentation, including any payment obligation. I further acknowledge that the Affiliated Bank is the originator of any ACH transactions to my account, that the origination of any ACH transactions must comply with the provisions of U.S. law and the NACHA Operating Rules, and that I have received a copy of this authorization.

**SIGNATURES ARE REQUIRED BELOW FOR ALL OTHER FINANCIAL INSTITUTION ACCOUNT HOLDERS AND AT LEAST ONE SCHWAB BANK OR SCHWAB ACCOUNT HOLDER:**

If I am an account holder of the Schwab Bank account, Schwab account, or an account holder of an Other Financial Institution account, my signature below constitutes my agreement with the terms set forth in Section 5.

**Signature(s) and Date(s) Required**

**X**  
 Schwab or Schwab Bank Account Holder/Co-Trustee/  
 Authorized Agent/Other Financial Institution Account Holder Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**X**  
 Schwab or Schwab Bank Account Holder/Co-Trustee/  
 Authorized Agent/Other Financial Institution Account Holder Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**X**  
 Schwab or Schwab Bank Account Holder/Co-Trustee/  
 Authorized Agent/Other Financial Institution Account Holder Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



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