1070 N. Cole Road, Boise, ID 83704
Office: 208-378-1616 Fax 208-906-8601
www.gotrentidaho.com

AUTHORIZATION FOR AUTOMATIC DEPOSITS TO BANK ACCOUNT

My Name:	Name of Company Initiating Payments ("Company") Bedard First, Inc. DBA Capital First Management

My Bank's Name & Branch:	My Bank's City, State & Zip	Property Code (for CFM use)

My Bank Account Number:	My Bank's Routing Number	Payment Frequency Monthly 1st or 15th (circle one)	Date of First Automatic Deposit: (month/day/year)

Amount of each deposit

Any amount authorized by Company

I hereby authorize Company and it's bank (Washington Federal) to initiate Deposits ("Credits") from my [ ] Checking [ ] Savings ("My Bank Account") identified above through the Automated Clearing House System. These Credits are to be processed on the date indicated above. If this date, or the same day(s) of the month during which subsequent credits are to be processed, is (are) not a banking day on which the Credit can be processed, the Credit will be processed on the banking day after the scheduled date. I also authorize Company to initiate Withdrawals ("Debits") from My Bank Account to correct any errors that may have been made with Credits to My Bank Account. I authorize My Bank to process these Debits from and Credits to my Bank Account.

This authorization will remain effective until I give Company written notice to the contrary and Company has had a reasonable period of time to act on that notice. My revocation of Company's authority to initiate Credits to My Bank Account will not affect Company's right to initiate Debits to My Bank Account to correct or adjust a Credit processed before my revocation of authority has become effective.

I Warrant to Company, Washington Federal and My Bank that:	Today's Date:
[ ] Only my signature is needed on this authorization to make it effective for My Bank Account	[ ] Everyone whose signature is needed on this authorization to make it effective for my Bank Account has signed it. My Signature: X_____ Other Required Signature: X_____