INTEREST CAPITALIZATION CONSENT OR CANCELLATION FORM

Use this form to request or cancel automatic advances of monthly interest payments from your line of credit.

I authorize SEI Cash Management, through The Bancorp Bank, N.A. ("Bank") to initiate minimum monthly interest payments due on my line of credit using automatic advances from my line of credit ("Interest Capitalization Option"), or to terminate my prior authorization to use the Interest Capitalization Option, as indicated by my marking the appropriate selection in Part 2, shown below. I understand that by authorizing for recurring automatic advances, interest payments will continue in this manner until I provide written instructions to the Bank to terminate my authorization to use the Interest Capitalization Option a minimum of five (5) business days prior to the interest payment due date, or until the Bank notifies me that such interest payments will no longer be permitted.

I understand that the advance from my line of credit will be made monthly on the due date of the line of credit payment as shown on my monthly statement. If the due date falls on a holiday or non-business day, the advance will be made the following business day.

In the event that applying my monthly interest payment to my line of credit in any month exceeds my available credit line, the Bank will not arrange for an advance to cover the interest payment, and I will be responsible for making the interest payment by some other means.

I ACKNOWLEDGE AND AGREE THAT MAKING MY INTEREST PAYMENTS WITH ADVANCES ON MY LINE OF CREDIT WILL HAVE THE EFFECT OF CONVERTING THE INTEREST PORTION OF ANY PAYMENT INTO PRINCIPAL ON WHICH ADDITIONAL INTEREST WILL ACCRUE, RESULTING IN AN OBLIGATION TO PAY INTEREST ON INTEREST AND IS SUBJECT TO THE TERMS OF AND AVAILABILITY OF CREDIT UNDER MY LINE OF CREDIT. CHOOSING THIS OPTION MAY SIGNIFICANTLY INCREASE THE OVERALL COST OF BORROWING. PLEASE SPEAK WITH YOUR FINANCIAL PROFESSIONAL OR CONTACT THE BANK FOR DETAILS.

PART 1: Account Information

Line of Credit Account Name*		Line of Credit Account Number*
Home Phone*	Mobile Phone	Email*

* Required fields

PART 2: Interest Capitalization Options

◯ **Initiate a one-time monthly interest payment.** _____
Payment Due Date (mm/dd/yyyy)

◯ **Initiate recurring automatic monthly interest payments of exact amount billed beginning on the next payment due date.**

◯ **Terminate the interest capitalization option.***

*Automatic interest payments will terminate within five (5) business days after the Bank receives and processes the request.

Note: For recurring automatic monthly interest payments, any past due amounts will be satisfied first. Thereafter, interest payment will be advanced from your line of credit on the same date as the payment due date referenced on your monthly line of credit statement.

Banking services provided by:
The Bancorp Bank, N.A. Member FDIC.
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PART 3: Signature of Line of Credit Borrower

Full Name

Signature

Date (mm/dd/yyyy)

Please **mail or fax** this completed form to:

SEI Cash Management
409 Silverside Road, Suite 105
Wilmington, DE 19809

Fax: 302.791.5610

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.

FOR BANK USE ONLY

Date received (mm/dd/yyyy)	Date Interest Capitalization Set-up Completed (mm/dd/yyyy)	Processed by

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