



Automatic Payment

Buyer Name:
Cobuyer Name:
Account Number (if known):

Next Payment Date:
Payment Amount:

Weekly Biweekly Monthly

Account Holder:
Social Security #: Social Security # (Joint):
Billing Address: Billing City, State, ZIP:
Home Phone: Email:
Cell Phone: Work Phone:

Checking Savings

Bank Name: Bank City/State:
Routing Number: Account Number:

Visa MasterCard Discover

Card Number: Exp Date: Security Code:

ABC AUTO FINANCE

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Recurring Payment Authorization Form

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided by us unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Account:

Customer:

Debit Amount: \$ _____ + \$ _____ convenience fee

Beginning:

Debit Schedule: [] Weekly

[] Bi-weekly

[] Monthly

Please complete the information below:

Billing Address _____ Home Phone# _____
City, State, Zip _____ Cell Phone # _____
Social Sec. # _____ Work Phone # _____
Social Sec. # (Joint) _____ Email _____

Checking/ Savings Account

Checking Savings
Name(s) on Acct _____

Bank Name _____
Account Number _____
Bank Routing # _____
Bank City/State _____



Credit Card

Visa MasterCard
 Discover
Cardholder Name _____
Account Number _____
Exp. Date _____
CVV (3 digit number on back of card) _____

For all credit cards, attach a photocopy of the card for verification purposes.

I hereby authorize ABC Auto Finance to charge my checking/savings account or credit card indicated above for payment of my automobile loan. I understand that this authorization will remain in effect until I cancel it in orally or in writing with either my financial institution or ABC Auto Finance. I understand that my financial institution is not required to notify ABC Auto Finance of any cancellation of this authorization. To ensure that no further payments are automatically made, I agree to notify ABC Auto Finance by telephone, fax, or in writing if I choose to cancel this authorization with my financial institution. Additionally, I understand that these debits may be made for different amounts and/or on different dates so long as I provide notice to ABC Auto Finance that I wish to do so.

If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that ABC Auto Finance may at its discretion attempt to process the charge again within 30 days, and I agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company, so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____

SIGNATURE (IF JOINT) _____

DATE _____