

Consumer Auto Finance, Inc.

ACH Authorization

I understand that under this program, payments will be made directly to Consumer Auto Finance, Inc., from the bank account that I select. I can change this authorization by providing written notice to my bank or Consumer Auto Finance, Inc.

I authorize Consumer Auto Finance, Inc., to initiate debits to my account consistent with the specific terms outlined in the payment agreement.

I agree that no debits will be made to the account until I have been contacted, notified of the amount due, and agreed to the terms and conditions of repayment.

Account Information

Depository Name: _____

Routing Number: _____ Account Number: _____

This is a Checking Account Savings Account

Payment Terms

Total Balance Due \$ _____

Recurring Payment Amount \$ _____

Payment Frequency:

Monthly

Payments will be collected on the _____ day of the month.

Semi-Monthly

Payments will be collected on the _____ and _____ day of the month

Bi-Weekly

Payments will be collected beginning the _____ day of _____

This authorization will remain in effect until the complete balance due is paid. It can be cancelled at any time, with reasonable notice, at my request. I recognize that I will remain responsible for any outstanding balance due. If any check is returned for any reason, I understand that I may be assessed additional fees, consistent with relevant state laws. Please allow ten (10) days for processing.

Authorization signatures

Signature: _____

Print Name: _____

Date: _____