

Authorization for Electronic Funds Transfer

Auto Credit of Southern Illinois
1100B West Deyoung
Marion, IL 62959
Phone: 618-997-5800

Hours: 8:00am-6:00pm Mon-Fri
8:00am-5:00pm Saturday

Customers Name: _____ Customers Phone Number: _____
Customer's Address _____ City _____ State _____ Zip Code _____

By signing below, you authorize **Auto Credit of Southern Illinois** to make debit entries in the form of ACH transfers or other automatic transfers in accordance with the Payment Schedule. You acknowledge that the origination of ACH transactions to your account must comply with the provisions of U.S. Law and the Rules of the National Automated Clearing House Association.

Your payment will be made automatically from your designated account. If your due date falls on a weekend or holiday, your payment will be deducted on **the last business day before your payment due date.**

If there are insufficient funds in your account, **Auto Credit of Southern Illinois** may elect to electronically (or by paper draft) re-present your payment up to two more times. You also understand and authorize **Auto Credit of Southern Illinois** to collect a return processing charge by the same means, in an amount not to exceed that as permitted by state law. You may cancel this authorization by sending written notice to **Auto Credit of Southern Illinois** at the address above, or by completing a new copy of this form. **Auto Credit of Southern Illinois** must be notified of revoked authorization at **least 5 days** prior to the payment due date or payoff of the contract.

Type of account (mark one): Checking _____ Savings Account _____

Bank Name

Routing Number

Account Number

Primary Account Holder

Joint Account Holder

Payment Schedule (as checked):

Single

Recurring

Amount: _____

Amount: _____

Date: _____

Beginning Date: _____

Weekly

Monthly

Other

Number of Monthly Payments _____

You acknowledge that you received a copy of this authorization when you signed it. If you should have any questions concerning your payment arrangement please contact us at the phone number listed above.

X _____
Customer Signature (Date)

X _____
Customer Signature (Date)

Attach a Voided Check or Deposit Slip to This Form

Keep a copy of this Authorization for Your Records