



## AUTO PAY Enrollment Form and Authorization Agreement

### Step 1: Please complete this Authorization Agreement

I (We) hereby authorize Automatic Finance to debit the monthly (or bi-weekly) payment owed to Automatic Finance pursuant to my (our) motor vehicle Retail Installment Contract, including any late fees, NSF fees, or other amounts then due as described in the contract, automatically on the monthly (or bi-weekly) payment due date set forth in said contract from my (our) below-described bank account. Automatic Finance may cancel this authorization at any time. I (We) may cancel this authorization by contacting Automatic Finance in writing and said cancellation shall be effective five (5) business days after receipt of request. I (We) have the right to receive written notice at least ten (10) days before the scheduled date of a monthly (or bi-weekly) payment debit if the debit will be different in amount from the prior debit made under this Agreement, or different from the contract payment amount (plus any late charges, NSF fees, and other fees and charges that may be due). I (We) also have the option of receiving this written notice only if a debit falls outside a certain dollar range, or only when a debit will differ from the most recent debit by more than a certain dollar amount.

\_\_\_\_\_  
Borrower's Full Name (Please print)

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Co-Borrower's Full Name (Please print)

\_\_\_\_\_  
Co-Borrower's Signature

**If payment is to be drawn from checking or savings account of someone other than the Automatic Finance account holder, please complete the following information:**

\_\_\_\_\_  
Authorized Name on account

\_\_\_\_\_  
Authorized Signature on account

### Step 2: Please complete Enrollment Information:

Account Type (please check one)

Checking

Savings

\_\_\_\_\_  
Automatic Finance Account Number

\_\_\_\_\_  
Contract Payment Amount

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
ABA Routing Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Financial Institution's Address (City, State, and Zip)

\_\_\_\_\_  
Financial Institution's Telephone Number

### Step 3: Mail or Fax form to Automatic Finance

Complete and sign this form and **return with a voided check** to the address or fax number below:

**Mail to:**

**Fax to:** (410) 415-0400

Automatic Finance

P.O. Box 431

Owings Mills, MD 21117