

**AllCredit Acceptance Company, LLC**  
 645 Molly Lane Suite 100 A Woodstock, GA 30189  
 Phone: 678-494-6010 Fax: 770-591-1102  
**Authorization for Electronic Funds Transfer**

Stock Number (last 6 of VIN): \_\_\_\_\_

\_\_\_\_\_  
 Print Buyer's Name Print Co-Buyer's Name

**Type of account (mark one):**      Checking Account \_\_\_\_\_      Savings Account \_\_\_\_\_

\_\_\_\_\_  
 Bank Name Bank Telephone Number

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

\_\_\_\_\_  
 Primary Account Holder Joint Account Holder

**Payment Schedule (as checked):**

Payment Amount: \_\_\_\_\_

<input type="checkbox"/> Single Payment on _____ <input type="checkbox"/> Single Payment on _____ <input type="checkbox"/> Single Payment on _____ <input type="checkbox"/> Single Payment on _____ <input type="checkbox"/> Single Payment on _____	<input type="checkbox"/> Weekly beginning _____ <input type="checkbox"/> Semi-Monthly beginning _____ and _____ <input type="checkbox"/> Monthly beginning _____ <input type="checkbox"/> Other _____
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By signing below, you authorize AllCredit to make debit entries in the form of ACH transfers or other automatic transfers to AllCredit's bank account 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 you will incur a \$25 NSF fee and AllCredit may debit your account for the payment when sufficient funds are available. You may cancel this authorization by sending written notice to our office at the address above, or by completing a new copy of this form. AllCredit must be notified of cancellation at least 10 days prior to the payment due date or payoff of the contract.

You acknowledge that you received a copy of this authorization when you signed it.

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