



AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

Vehicle Stock Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing No: \_\_\_\_\_

Account No: \_\_\_\_\_

Account Type:  Checking  Savings

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

Express Auto Customer Full Name: \_\_\_\_\_

Express Auto Customer Address: \_\_\_\_\_

Full Name on Bank Account (if different): \_\_\_\_\_

Account Holder Address (if different): \_\_\_\_\_

How often do you make your payment?

- Once a week
 Every two weeks

- Twice a month
 Once a month

Start Date for Direct Debit: \_\_\_\_\_ Customer Email: \_\_\_\_\_

By signing this form below, I authorize EFC, Inc. (the "Company"), or its designated processor, to initiate debit entries and credit entries (if necessary) and adjustments for any debit entries made in error to the checking or savings account indicated above ("Account") in accordance with the terms of the Payment Schedule of the Retail Installment Contract and I acknowledge that I am an authorized signer on the Account and have the authority to make this authorization. If my payment falls on a weekend or banking holiday, I agree that my payment will be debited from my Account on the last business day prior to my payment's due date. If there are insufficient funds in my Account, I agree that the Company may attempt to debit my Account at a later date at its discretion. This authorization will remain in full force and effect until I terminate it in writing by mail or fax to the Company at least five days prior to the next scheduled payment due date.

Customer Name (Please Print) \_\_\_\_\_

Customer/Bank Account Holder Signature \_\_\_\_\_

Date \_\_\_\_\_

