

AUTOMOTIVE SERVICES FINANCE, INC.

2697 International Parkway, Parkway One, Suite 101
Virginia Beach, VA 23452
(757) 496-6449, (877) 890-7322

**VOLUNTARY AUTHORIZATION FOR PAYMENT BY
RECURRING AUTOMATED CLEARING HOUSE (“ACH”) OR DEBIT CARD**

I/We (solely and together, “I”) authorize Automotive Services Finance, Inc. (“ASF”) to deduct my/our (solely and together, “my”) scheduled payments from the below bank account by recurring electronic ACH or debit card transactions. My authorization is immediately effective upon my contract being assigned to and accepted by ASF. I acknowledge that my selection of this payment method is voluntary and not a condition of my being extended credit.

Payment Amount as shown in my contract: \$ _____
a. *My payment is due monthly.* Please deduct the Payment Amount shown above on the _____ (*select day of month*) of every month beginning _____ (*select start date*). **OR**
b. *My payment is due semi-monthly or bi-weekly.* Please deduct the Payment Amount on the regularly scheduled due dates beginning on _____ (*select start date*).

PAYMENT CONVENIENCE OPTION available only to customers whose payment is due on a monthly basis. DO NOT SELECT THIS OPTION IF YOUR DUE DATES ARE SEMI-MONTHLY OR BI-WEEKLY.

For my budgeting convenience I request and authorize ASF to divide my monthly Payment Amount shown above into two deductions per month. I request that those deductions occur on the following schedule:

- 1. The 1st amount of \$ _____ is to be deducted on the _____ (*select day*) of every month.
- 2. The 2nd amount of \$ _____ is to be deducted on the _____ (*select day*) of every month.

Please note: The total of the first and second deduction amounts must, at a minimum, equal the monthly Payment Amount shown in your contract and above. Double check the total of the amounts for accuracy.

Unless I have selected unequal amounts immediately above, I agree that the two deductions will be as close to equal as possible. Added together they will equal the monthly Payment Amount shown above unless late charges, insufficient funds fees or other fees are due at the time of a deduction. If finance charges are precomputed in my contract, I understand that selection of this option may not affect the amount of finance charges I pay thereunder.

Bank Account Information

Name(s) of account holder(s): _____

Bank account financial institution name: _____

Bank routing #: _____

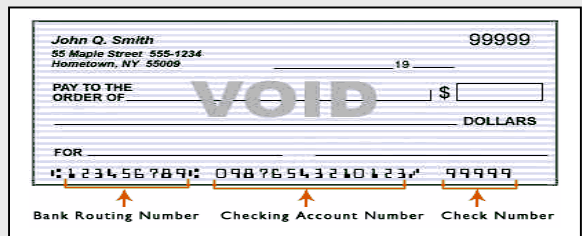
Checking account #: _____

Debit card #: _____

Exp. date: _____

* 3 or 4 digit debit card CVV security code: _____

* To help protect the security of your bank information, please do not provide the CVV security code at this time. A representative of the assignee of your contract will later contact you to confirm matters related to your vehicle purchase. You will be asked to provide the CVV security code at that time and authorize the representative of the assignee to enter the security code and any other necessary information onto this form.



There is no charge for this service as long as the deductions occur on a scheduled recurring basis, with no interruption or assistance from ASF. I understand that if a deduction is scheduled to occur on a weekend or bank holiday, it may instead occur on the last business day before the scheduled date. *I have attached a voided check, if available, to this authorization and/or other documentation confirming bank account information.* I acknowledge that I have been provided a fully completed copy of this authorization for my records.

Printed customer name

Signature

Date

Printed name of joint customer (where applicable and available)

Signature

Date