



## Authorization Agreement For Automated Withdraw

Complete this form to allow AFS Acceptance LLC, sometimes doing business as Autobank Financial Services LLC, AFS, AFS LLC, AFS of Florida collectively hereunder referred to as ("COMPANY"), to withdraw funds from your designated Credit Card or Debit Card to make your monthly account payments.

I (we) hereby authorize COMPANY to initiate withdraw entries and make adjustments for any entries in error to my (our) credit card indicated below on the \_\_\_\_\_ day of each month (as indicated on my installment contract). I understand that if my card is declined COMPANY will continue to run the authorized payment request daily until funds are available and the payment has been posted to my (our) account including late charges if applicable.

My first payment of \$\_\_\_\_\_ + \$7.00 to be debited on \_\_\_ / \_\_\_ / \_\_\_\_\_ (Prior to the day Company funds the Dealer) and every payment after that will be debited on the \_\_\_\_\_ day of the month.

**Please Select One:**

Credit Card:  Visa  MasterCard  American Express

or

Debit Card:  Visa  MasterCard

Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_ Expiration Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY has received notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Please include a front and back copy of the credit or debit card to be used\***