

CONSUMER FINANCIAL SERVICES
ELECTRONIC PAYMENT AUTHORIZATION (ACH DEBITS)

Authorization: I authorize Consumer Financial Services to draw by electronic funds transfer from the bank account named below, monthly payments due on the account identified below, until such time the obligation is paid in full, or until Consumer Financial Services receives notice to cancel this authorization in the manner specified in paragraph 3. I also authorize my financial institution to accept such withdrawals initiated by or on behalf of Consumer Financial Services.

Insufficient Funds: I agree to pay a returned item fee as outlined in paragraph 4 or as defined by state statutes in the event there are insufficient funds in my account when the transaction is scheduled to occur. I agree that Consumer Financial Services will not be responsible for any loss or for any and all fees charged by the financial institution named below, for acting on my instructions contained herein.

Revocation: To cancel this Authorization, I must submit a WRITTEN cancellation request to Consumer Financial Services, **at least (5) business days prior to the date of the next automatic transfer.** Consumer Financial Services reserves the right to cancel this agreement and terminate this transfer with or without cause or notice.

NSF Penalty: I agree to pay a returned check fee based upon the following: \$50.00 or less the fee is \$25.00 per check. \$50.01 - \$300, the fee is \$35.00 per check. \$300.01 or greater, the fee is \$45.00 per check.

Borrower and Financial Institution Information:

Name _____ Account #: _____

Debit Amount: _____ Bank Name: _____

Routing Number: _____

Account Number: _____

NOTE: A voided check for the account named above, MUST be attached in order to process this authorization.

I understand that on the start date stated above, the Debit Amount stated above will be deducted each month on the due date of my account with Consumer Financial Services. *I further understand that when my account due date falls on a weekend or Federal Holiday, the Debit Amount will be processed and applied to my account on the following business day.*

By signing below I acknowledge that I have read, understand, and agree to the terms and conditions of this authorization.

Signature

Date