



AUTHORIZATION FOR ELECTRONIC RECURRING PAYMENTS

I hereby authorize All Auto Financial Inc. through the bank of their choosing, to initiate electronic debit entries to (or to otherwise cause funds to be withdrawn from) the checking or saving account at the bank name below for the purpose of making the payment on the below account with All Auto Financial. The debits are to commence on the First Debit Date listed below in the amount and frequency set forth under section (E), entitled Debit information. I also authorize billing company and All Auto Financial to change the frequency of the debits; the dates of the debits; and the bank and bank accounts from which the debits will be taken provide I give Billing Company or All Auto Financial Corporation notice by telephone, fax or in writing. (see contact Information Below)

I direct Billing Company to deduct from the account the periodic Payment payable to All Auto Financial Corporation and to transmit the periodic Payment to All Auto Financial. This Authorization shall remain in full force and effect until Billing Company or All Auto Financial has received notification from me by telephone, Fax, or in writing, of its termination in such time and in such manner as to afford Billing Company reasonable opportunity to act on it. This Authorization may be suspended by billing company or All Auto Financial without notification to me for reasons dictated by operation of law, rule, regulation, payment in full of the underlying obligation; or for risk management purposes. I understand that this recurring electronic debit program enrollment is voluntary and is not required as a condition to the extension of credit.

(A) Customer Data

(B) Creditor Information

All Auto Financial Inc.
160 Southbridge St.
Worcester MA 01608
(508) 799-5300

(C) Bank account Information (please attach a voided Check)

First Payment Date ____/____/____

Bank Name: _____

Bank Routing Number (9 Digits): _____

Bank Account Number: _____

This Account Is: ☐ Checking ☐ Saving ☐ Money Market

Signature Of Bank Account Holder _____

Date ____/____/____

Visit Us @
160 Southbridge St
Worcester, MA 01608

Mailing Address
P.O. Box 1140
Worcester, MA 01613

855-406-0660 | 508-799-5300
info@allautofinancial.com
www.allautofinancial.com