



**Automatic Payment Enrollment Authorization**

Thank you for your interest regarding enrollment in our Automatic Payment program. Enrollment allows you to automatically pay your Lincoln Automotive Financial Services payment via a funds transfer from your checking or savings account on each due date. To initiate the automatic transfer of payments from your checking or savings account to your Lincoln Automotive Financial Services account on the due date, please log onto "Account Manager" at [www.lincolnafs.com](http://www.lincolnafs.com) or complete the enrollment form below. Upon completion of the form, you can return it using one of the following methods:

**FAX – Fax the form to 866-307-4595**

**MAIL – Mail the form to Lincoln Automotive Financial Services, PO Box 542000, Omaha, NE 68154-8000**

Please note, the enrollment form must be received and processed **at least three (3) business days before the next payment due date** to ensure your bank account is debited for the next payment. In the future, you may change your bank account information on-line at [www.lincolnafs.com](http://www.lincolnafs.com) through "Account Manager" or submit a new enrollment form.

Please contact us at **866-674-2242** if you have any questions.

Sincerely,

Lincoln Automotive Financial Services

**IMPORTANT: Please complete this section using a ballpoint pen. Be sure to sign and date the form. If using a corporate business account, a corporate resolution must accompany this form. If using a savings account, please contact your financial institution for the correct routing number.**

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I/We hereby request and authorize Lincoln Automotive Financial Services to initiate withdrawals from the bank/credit union account named, as agreed between Lincoln Automotive Financial Services and the bank/credit union named, or to draw by electronic funds transfer from the bank/credit union account named, funds payable to Lincoln Automotive Financial Services. This authorization covers the schedule of payments or other amounts due as described in the contract. This authorization may be canceled at any time by Lincoln Automotive Financial Services. I/We may cancel this authorization by contacting Lincoln Automotive Financial Services orally, in writing or by completing cancellation online at our website ([www.lincolnafs.com](http://www.lincolnafs.com)) and said cancellation shall be effective three (3) business days after receipt of request.

**Lincoln Automotive Financial Services Account Holder Information**

**CUSTOMER NAME** \_\_\_\_\_

**ACCOUNT NUMBER** \_\_\_\_\_

**Vehicle identification Number**  
**(If Account Number is not available)** \_\_\_\_\_

**Bank/Credit Union Name** \_\_\_\_\_

**Please Select Account**     **Checking** or  **Savings**

**Bank Routing Number** \_\_\_\_\_

**Bank Account Number** \_\_\_\_\_

**Customer Signature** \_\_\_\_\_

**Checking /Savings Account Owner's Name** \_\_\_\_\_

**If payment is being drawn from checking or savings account of someone other than the Lincoln Automotive Financial Services account holder, please complete the following:**

**Account Owner's Signature** \_\_\_\_\_