



Ford Motor Credit Company

# EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION

(Retail Contracts Only – Leases **NOT** Eligible)

## EMPLOYEE INSTRUCTIONS

Complete sign and date the form below. If you need assistance in completing this form, please contact the Customer Service Center at 1-800-727-7000. If new account, dealer will forward form to branch with contract. If existing account, fax form to Ford Business Service Center at 1-866-639-5732.

<b>Employee's Name</b> - Print (As Appears on Pay Stub)			Social Security Number
Last Name	First Initial	Middle Initial	

### ENROLLMENT

**Payroll Location: Check One (1) "Company"**

**Pay Frequency**

**Enroll Status**

Ford Motor Company

Weekly / Hourly

Hourly

Ford Motor Credit Company

Semi-Monthly / Salary

Salary

FMCC Auto Bank

Monthly & Foreign Service

Management

I elect to have payments on the vehicle contract(s) described below made by deductions from my pay. I authorize Company to start payroll deductions in amounts sufficient to make the scheduled payments shown below. I also authorize Company to furnish information to the Ford Motor Credit Company account servicer that is necessary to accomplish the processing of the payroll deductions for each contract I have authorized below. In consideration for providing the Employee Payroll Deduction Program, I acknowledge and agree that Company may extend the due date of the first payment due under the contract(s) described below to allow sufficient time to process my payroll deduction request, which may result in my paying more interest over the term of the contract(s) than originally disclosed.

I understand that if payroll deductions are not paid to the Ford Motor Credit Company account servicer for any reason, timely payment of the amounts due are required under terms of the contract(s). I may cancel payroll deduction processing and begin making alternative payments on the account(s) myself after providing written notice to Ford Business Service Center at 1-866-639-5732 on each account to be cancelled.

**Monthly Payment**

**Date of Contract**

**Clearly Print Customer Account Number(s)**

\$
\$



\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed

### CANCELLATION

Indicate the account(s) you wish to cancel below.

**Note: Your payroll deduction automatically cancels when an account is paid in full.**

**Monthly Payment**

**Date of Contract**

**Clearly Print Customer Account Number(s)**

\$
\$
\$



\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed