

AUTOMATIC PAYMENT AUTHORIZATION FORM

(See Reverse Side for Debit and Credit Card Instructions)



Avid Acceptance

For your convenience, you can choose to authorize and enroll in the reoccurring payment program. To authorize your automatic payment, please complete the AUTOMATIC CHECKING ACCOUNT PAYMENT or AUTOMATIC DEBIT OR CREDIT CARD PAYMENT section below and email to autopay@avidac.com, fax to 801-365-0155 or mail to P.O. Box 708580, Sandy, UT 84070.

Automatic payment is a great option to assure payments are made on-time, rebuilding your credit quickly. Just let us know which day of the month is preferred, and we will take it from there. Split payments are available. If you opt to have your payment withdrawal on a specified date, please include one form for each date a draft is desired and the draft amount.

Automatic payments with your checking account are free!

AUTOMATIC CHECKING ACCOUNT PAYMENT (MUST INCLUDE A VOIDED CHECK):

Avid Loan Number: _____

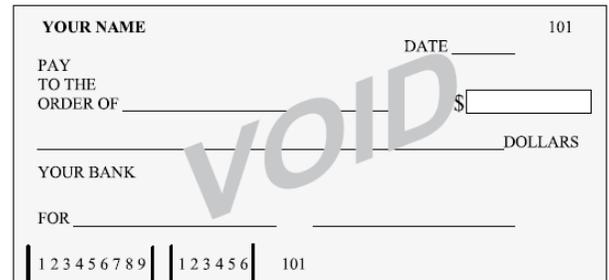
Name on Checking Account: _____

Name of Financial Institution: _____

Your Address Financial Institution has on File:

Payment Amount: \$ _____

Start Date: _____



Bank ABA/Routing Number (A):

Checking Account Number (B):

Reoccurring:
Must Choose Only One

- Date Specified
- Weekly
- Bi-weekly
- Every 4 Weeks

Customers with pay dates on the same date every month (i.e. 1st and 15th) should opt for payments to repeat on 'Date Specified'.

Customers with pay dates on unspecified dates (i.e. every other Friday) should opt for payments to repeat 'Weekly', 'Bi-weekly' or 'Every 4 Weeks'.

By enrolling in the reoccurring payment program you authorize Avid Acceptance, LLC or its designated assignee: (a) to initiate reoccurring automated clearing house (ACH) debit entries or debit card payments from the checking or savings account you specify, or (b) to initiate reoccurring charges from your specified credit card. Once your enrollment is processed, all payments will be automatically withdrawn using the stated method listed herein.

This authorization shall remain in effect unless and until Avid Acceptance, LLC has received written notification from Customer or until Avid Acceptance, LLC determines at its own discretion that this authorization should be terminated. Undersigned represents and warrants to Avid Acceptance, LLC that the person executing this release is an authorized signatory on the account listed herein and all information regarding the account and account owner is true and correct.

NAME: _____ SIGNATURE: _____ DATE: _____

QUESTIONS? If you have additional questions or concerns while completing this automatic payment authorization form, please call Avid Acceptance at 1-888-777-9190.

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Automatic payments with your debit or credit card are free!

AUTOMATIC DEBIT OR CREDIT CARD PAYMENT:

Avid Loan Number: _____

Name on Card: _____

Card Type (Visa, Discover, etc.): _____

Your Address Financial Institution has on File:

Payment Amount: \$ _____

Start Date: _____

- Reoccurring:
Must Choose Only One
- Date Specified
 - Weekly
 - Bi-weekly
 - Every 4 Weeks

3 Digit Security Code



4 Digit Security Code



Security Code: _____

Expiration Date: _____

Card Number: _____

Customers with pay dates on the same date every month (i.e. 1st and 15th) should opt for payments to repeat on 'Date Specified'.

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