



844-CAR-LOAN

FAX 775-996-7501

**AUTHORIZATION AGREEMENT FOR DIRECT DEBIT (RECURING PAYMENTS)**

I hereby authorize **Car Loans Inc** herein called COMPANY, or its designated processor, to initiate debit entries and to initiate credits entries (if necessary) and adjustments for any debits entries in error to my ☐ checking ☐ savings account indicated below and the depository named below herein called depository, to debit and/ or credit the same to such account.

Routing No.	_____	Account No.	_____
Bank Name	_____		
Customer Name	_____ (herein called CUSTOMER)		
Payment Amount	_____		
<input type="checkbox"/>	Weekly	on each	_____
<input type="checkbox"/>	Bi-weekly	every other	_____
<input type="checkbox"/>	Semi-monthly	on the _____ and the _____	of each month
<input type="checkbox"/>	Monthly	on the _____	of each month

This authorization shall permit COMPANY to collect both variable and fixed recurring amounts and also variable and fixed one-time amounts that may be due from time to time between COMPANY and CUSTOMER.

This authorization shall remain in place unless and until rescinded by CUSTOMER via a written directive to COMPANY, at least five (5) days prior to any date in which any electronic funds transfer is to occur, in order to permit COMPANY sufficient time to act on it.

COMPANY agrees that is shall provide an invoice to CUSTOMER indicating the amount(s) due, together with the specific date that CUSTOMER's account shall be electronically debited.

In the unlikely event your payment is returned unpaid, we may elect to electronically (or by paper draft) re-present your payment up to two more times. You also understand and agree and authorize or permit COMPANY to collect a return processing charge by the same means, in an amount not to exceed that as permitted by state law.

If you should have any questions concerning this payment transaction, you may contact us at 844-277-5626 during our normal business hours, 8:00AM to 8:00PM Monday through Friday.

As and for CUSTOMER, authorization is hereby granted to COMPANY to electronically debit our bank account noted below for amounts owing to MERCHANT COMPANY.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**ATTACH VOIDED CHECK HERE**

Admin Use Only

Our Account Number	Payment Start Date	Input in system by:	Date input in system