

## **AUTO PAY – CREDIT AND DEBIT CARD AUTHORIZATION AGREEMENT**

Card Type\*

☐

Visa Debit Card

☐

MasterCard Credit Card

☐

Discover

☐

MasterCard Debit Card

\*We do not accept Visa Credit Cards or American Express Cards\*

Name on Card					
Card Number			Expiration Date		
Billing Address					
City		State		Zip	

Payment Information and Frequency

Payment Start Date:		Payment Amount:	
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☐

Monthly

Day(s) of Month to Charge Card:	
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☐

Semi-Monthly

☐

Weekly

☐

Bi-Weekly

Day of Week to Charge Card:	
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By signing this Authorization Agreement, I authorize American Credit Acceptance, LLC ("ACA") to initiate charges to my debit or credit card as described above, and to apply such funds as payments on my motor vehicle retail installment contract ("Contract") with ACA. This authority is to remain in full force and effect until one of the following occurs:

1. I provide written notice to ACA at the address below of my intent to change the scheduled charge date to my credit or debit card, no less than seven business days prior to the next scheduled charge date;
2. I provide written notice to ACA at the address below of my intent to revoke this Authorization, no less than seven business days prior to the next scheduled charge date;
3. I am notified by ACA of its intent to discontinue receiving payment from me in this manner for any reason; or
4. All amounts owed to ACA under my Contract are paid in full.

I understand that this Authorization is PURELY VOLUNTARY and is not a condition to ACA's extension of credit. I agree not to dispute any charges made to my credit or debit card in accordance with the terms of this Authorization Agreement.

Print Full Name: (must match name on Card)			Date:	
Signature:			Phone Number:	
Address: (if different than billing address on card)			Email Address: (for confirmation of pay)	
City:		State:		Zip:
Representative / Dealer submitting form			ACA Account or Application Number:	

Please submit completed form to:

**American Credit Acceptance, LLC**  
Attn: Auto Pay  
961 East Main Street  
Spartanburg, SC 29302  
Fax (866) 731-4883

If you have any questions please contact us at (866) 544-3430 or via email at [customer.service@acacceptance.com](mailto:customer.service@acacceptance.com)