

AMERICAN FINANCIAL
6400 Winchester Road
Memphis, TN 38115
901.370.4477

Recurring Credit and Debit Card Payment Authorization Form

In this Authorization, "you" and "your" mean the Lessee(s) who sign this Authorization. "We," "us," and "our" means American Financial or any assignee.

Please complete the information below:

By signing below, you authorize us to initiate a regularly scheduled recurring charge against your credit card or debit card account identified below, and to credit those amounts (when received by us) to the amounts due under your Motor Vehicle Lease Agreement held by us. If necessary, you also authorize us to initiate transactions to correct any erroneous payment transaction. The charges will appear on your credit or debit card account statement.

Recurring Payments Authorization: You authorize us to process a recurring credit/debit card transaction, in the amount of \$_____, which will start on_____ and will occur on each scheduled payment date thereafter. If any payment date falls on a weekend or holiday, you understand and agree that the payment may be executed on the next business day. **If your payment amount or date changes for reasons other than Damage and Loss Waiver (see below), you will receive notice from us at least 10 days prior to the new payment amount being collected. YOUR ELECTRONIC DEBIT/CREDIT CARD PAYMENT AMOUNT WILL INCREASE BY \$30 BI-WEEKLY / \$32.50 SEMI-MONTHLY / \$65 MONTHLY (DEPENDING UPON YOUR PAYMENT PLAN) IF YOUR PROPERTY/COLLISION INSURANCE LAPSES AND WE ARE UNABLE TO VERIFY COVERAGE. Keeping us informed of your insurance coverage is your responsibility!** If the outstanding balance you owe on your Motor Vehicle Lease Agreement is less than the payment amount stated above, you understand and agree that we will charge your credit or debit card account an amount equal to your total outstanding balance. The charge will appear on your debit/credit card financial institution statement.

One-Time Payment-by-Phone Authorization: You authorize us to process a credit/debit card transaction over the phone with your verbal telephone consent when you call in regarding your scheduled payments. You authorize us to charge an additional \$4.95 convenience fee for each credit/debit card transaction for which you call in and authorize under this One-Time Payment-by-Phone Authorization. You understand and agree that when you call in, you may be re-directed to our automated payment by phone system to enter your card information. The charge will appear on your debit/credit card financial institution statement.

I authorize American Financial to charge the credit/debit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit/debit card and that I will not dispute the scheduled payments with my credit or debit card company provided the transactions correspond to the terms indicated in this authorization form.

CUSTOMER PRINTED NAME: _____ ACCOUNT #: _____

SIGNATURE _____ DATE _____

Card Type: Credit Card Debit Card

Account Type: Visa MasterCard Amex Discover

Card Issuer Name: _____

Cardholder Name: _____

Card Account Number: _____

Card Expiration Date: _____

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX): _____

Address: _____

Phone No.: _____ Email: _____