

ACH, Credit and Debit Card Payment Authorization Form

In this Authorization, "I," "me" and "my" mean each person who signs this Authorization below. "You," and "your" means American Financial or any assignee.

By signing below, I authorize you to initiate a one-time charge and/or regularly scheduled recurring charges against my credit card or debit card account identified below, or a one-time charge and/or regularly scheduled recurring charges by ACH debit entry from my deposit account identified below, and to credit those amounts (when received by you) to the amounts due from me to you under Lease Agreement, Account Number: _____. If necessary, I also authorize you to initiate transactions to correct any erroneous payment transaction.

I also authorize you to initiate a one-time transaction to collect a fee of \$25 if any payment is rejected by my bank due to insufficient funds in my account or available credit on my credit card account, and/or to collect any late fee due under my contract identified above.

I understand that each transaction will appear on my bank statement.

Please complete the information below:

Type of Payment:

Credit or Debit Card Payment ACH Payment

Payment Frequency:

One-Time Payment

Payment date: _____ Payment amount: \$ _____

If this box is checked, I also authorize you to process any one-time payment transaction over the phone with my verbal telephone consent when I call in regarding my scheduled payments. I authorize you to charge an additional \$4.95 convenience fee for each payment transaction for which I call in and authorize under this One-Time Payment-by-Phone Authorization. I understand and agree that when I call in, I may be re-directed to your automated payment by phone system to enter my payment account or card information.

Recurring Payments. My payments, in the amount of \$ _____, will start on _____, and will occur _____ thereafter. If any payment date falls on a weekend or holiday, I understand and agree that the payment may be executed on the next business day.

IMPORTANT: I understand that my payment amount will increase by \$30 bi-weekly / \$32.50 semi-monthly / \$65 monthly (depending on whether I am on a bi-weekly, semi-monthly, or monthly payment cycle, as stated above), if my Property/Collision insurance LAPSES and you are unable to verify coverage, pursuant to the terms of my Damage and Loss Waiver agreement with you. I understand that keeping you informed of my insurance coverage is my responsibility.

I understand that if my payment amount changes, I have the right to receive written notice of any such change from you at least 10 days prior to the new payment amount being collected. If this box is checked, in lieu of requiring you to notify me of all such changes, I agree and authorize you to provide me advance notice of a payment change only when the payment amount will fall outside the range of \$30.00 to \$65.00.

If the outstanding balance I owe on my contract identified above is less than the payment amount stated above, I understand and agree that the final payment will be an amount equal to my total outstanding balance.

<p>Credit/Debit Card Information:</p> <p>Card Type: <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card</p> <p>Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex <input type="checkbox"/> Discover</p> <p>Card Issuer Name: _____</p> <p>Cardholder Name: _____</p> <p>Card Account Number: _____</p> <p>Card Expiration Date (mm/yyyy): _____</p> <p>CVV (3-digit number on back of Visa/MC, 4-digit number on front of AMEX): _____</p> <p>Cardholder Billing Address:</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____</p> <p>Zip Code: _____</p> <p>Phone No.: _____</p>
<p>Deposit Account Information for ACH Payments:</p> <p>Type of Account: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account</p> <p>Bank Name: _____</p> <p>Bank City/State: _____</p> <p>Bank Routing Number: _____</p> <p>Account Number: _____</p> <p>Depositor Name: _____</p>

I authorize you to initiate the credit card, debit card or ACH payment(s) described in this authorization form according to the terms outlined above. If I have authorized recurring payments, I understand that this authorization will remain in effect until my contract identified above is paid in full or I cancel this authorization in writing (at 6400 Winchester Rd, Memphis, TN 38115). I agree to notify you in writing of any changes in my account information or termination of this authorization at least three (3) business days prior to the next billing date. I may also notify the financial institution that holds my deposit account to stop payments under this authorization at least three (3) business days before a scheduled payment date. This payment authorization is for the type of payment indicated above. I certify that I am an authorized user of any credit or debit card identified above, or an authorized signer on any deposit account identified above, and that I will not dispute any scheduled payment provided the transaction corresponds to the terms of this authorization form. I request the financial institution that holds the account to honor all payments initiated in accordance with this authorization form. I acknowledge receipt of a completed copy of this authorization form for my records.

SIGNATURE: _____

DATE _____

PRINT NAME: _____

SIGNATURE _____

DATE _____

PRINT NAME: _____