

## Recurring Payments Authorization Agreement

### STEP 1: Please read and complete this Recurring Payment Authorization Agreement

By signing this Recurring Payment Authorization Agreement ("Authorization Agreement"), I authorize American Credit Acceptance, LLC ("ACA") to initiate recurring electronic debit entries in the amount listed below ("Payment Amount") from my account at the financial institution named below ("Bank") on the dates described below, and to apply such funds as payments on my motor vehicle retail installment contract ("Contract") with ACA. In addition, by signing this Authorization Agreement, I understand and agree to the following:

- The Payment Amount listed below does not include any late fees, NSF fees, or other amounts which may become due under my Contract. *I authorize ACA to initiate debit entries for amounts including both the Payment Amount and any applicable fees pursuant to the terms of my Contract.*
- Recurring payments can only be scheduled to draft on my scheduled payment date, which is the date payments are due on my account each month.
- If any payment date falls on a weekend or Federal banking holiday such that ACA is unable to process the debit entry, my payment will be posted to my account with ACA on the next business day.
- If ACA becomes aware of any erroneous debit entries, ACA will initiate transactions to correct the errors.
- If any debit entry is dishonored or returned unpaid by my Bank for any reason, I authorize ACA to resubmit the debit entry up to two additional times within the next 30 days, and I acknowledge that ACA may charge a return item fee and/or late charge to my ACA account, to the extent allowed by law and/or my Contract. I also acknowledge that my Bank may impose its own additional fees according to my account agreement with my Bank.
- If my bank account information changes at any time, I will immediately notify ACA of such change.
- The origination of ACH transactions (debit entries) to my account must comply with and will be governed by the provisions of applicable law(s) and rules of the National Automated Clearing House Association.
- ACA's authority to draft the automatic payments will remain in full force and effect until one of the following occurs:
  1. I provide ACA notice to the address below 7 days prior to the original scheduled payment date of my wish to change the scheduled payment date.
  2. I provide written notice to ACA at the address below of my intent to revoke this Authorization no less than 7 business days prior to the next scheduled payment 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 debit entry made in accordance with the terms of this Authorization Agreement.

Borrower Name: \_\_\_\_\_ Co-Borrower Name: \_\_\_\_\_

Borrower Signature: \_\_\_\_\_ Co-Borrower Signature: \_\_\_\_\_

Address: \_\_\_\_\_ ACA Account #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address (Required): \_\_\_\_\_

Other required signature (if required by Bank to withdraw funds from this checking/savings account):

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### STEP 2: Please complete the Recurring Payments Enrollment Information

Bank Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

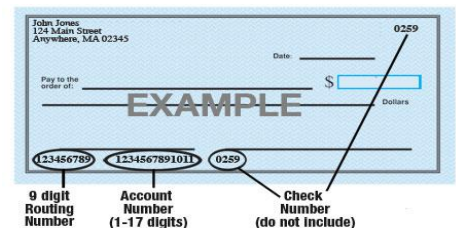
Bank Address: \_\_\_\_\_

Bank Phone Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Checking (A voided check or equivalent account verification must be attached to this form)

Savings (A voided withdrawal slip or equivalent account verification must be attached to this form)



Payment Start Date: \_\_\_\_\_  
(payments will occur each month on this day)

Payment Amount: \_\_\_\_\_

### Step 3: Please mail the completed form and necessary documents to:

American Credit Acceptance  
Attn: Recurring Payments  
961 E. Main St.  
Spartanburg, SC 29302

For security purposes, ACA asks that you only return this agreement via mail. If you wish to enroll online, please visit ACA's online portal at <https://aca.aboutmyloan.com/Login.aspx> to set up your payments. If you have any questions or need assistance, please contact us at (866)544-3430.