## **Authorization for Electronic Funds Transfer ACH and Debit/Credit Card**

CUSTOMER/BUYER NAME:	ACCOUNT NUMBER:		
Address:			
Co-Buyer Name:Co-BuyerAddress:			
In this Authorization, "you" and "your" mean the Customer / Buyer. assignee of the account, retail installment contracts.	"Dealer /Assignee" means the retail seller, or if assigned, the PO Box 441795, Jacksonville, FL 32222 904-693-0544 or 904-276-3390 Fax#: 904-695-4393		
Dealer/Assignee Name	Address and Phone		
PAYMENT TO DEALER/ASSIGNEE'S ACCOUNT			
Account number:			
CREDIT CARD INFORMATION			
Type of Debit/Credit Card (Circle One): American Express	Master Card	Visa	Discover
Credit Card Number: Name of	on Card:		
Billing Address:			
Street	City, State		Zip
Security Code (CVV):	_Expiration Date:		
Payment Amount: \$			
[ ] Weekly on everybeginning			
[ ] Bi-Weekly on every otherbeginning			
[ ] Semi-Monthly on the beginning [ ] Monthly on the beginning			
By signing below, you authorize Dealer/Assignee to make debit end Account identified above in accordance with the Payment Schedule. your account must comply with applicable law, including the Electronal Automated Clearing House Association. You authorize you above in accordance with the terms of this agreement. In the event an reinitiate the charge up to two times. In the event the Dealer/Assignee to correct the error.	You acknowledge the ronic Funds Transfer or credit/ debit card Cy charge is not success	at the origination Act, Regulation Company to honor sful, you authoriz	of ACH transactions to E, and the Rules of the the payments specified the Dealer/Assignee to
Your payment will be made automatically from your designated ac payment will be deducted on the last business day before your payment. Assignee may debit your account for the payment when suffice providing written notice to Dealer /Assignee at the Dealer/Assigne completing a new copy of this form. Dealer /Assignee must be notified payoff of the contract. You may also contact your bank directly to can	ment due date. If the cient funds are availab- nee's address above, d of cancellation at lea	re are insufficien ble. You may can or by calling the ast 3 days prior to	t funds in your account, icel this authorization by e number above, or by the payment due date or
By signing below, you acknowledge that you have received, saved or p	printed, or made a cop	y of this authoriza	ation for your records.
X	(D. ( )		
Credit/Debit Account Holder's Signature	(Date)		