



AUTOMATIC RECURRING PAYMENT AUTHORIZATION FOR AUTOMOBILE/VEHICLE LOANS

Request Type: Start/New Change STOP after: Skip/Pause until _____

Customer Information (Please Print)

Name: _____

Address: _____

City/State/Zip: _____

Account Number: _____
Social Security Number if account # unknown

Instructions:

1. Read Terms and Conditions attached to this form.
2. Please complete all sections of this form.
3. Sign and date in "Authorized Account Signers" Section.
4. Return the completed form to:
Southeast Auto Financial Services, L.L.C.
Attn: Automatic Recurring Payments
12100 Hwy 49 Ste 724
Gulfport, MS 39503
Fax: (228) 832-0066 or email: autopay@southeastauto.net
5. Please keep a copy for your records.

Card Information

Name on Card: _____

Card Number _____ CV2 Code _____

Card Expiration Date _____

Account Type: Visa Master card

Submission of this authorization is acknowledgement that I am an authorized signer on the debit account listed.

Monthly Payments Calendar Day \$ _____ Beginning ____/____/____

Monthly Payments Business Day \$ _____ (specify) _____

Beginning Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

*Payment amount must be equal to or greater than the contractual payment amount. **Payments must be made on or before the due date.

Note: Monthly payments business day will begin the selected month, subsequent debits will be made on the selected day of each month.

Multiple Payment Options* See Terms and Conditions on the back of form**

Weekly¹ Select Day: Monday Tuesday Wednesday Thursday Friday
(1/4 of contractual payment amount) Beginning ____/____/____ for \$ _____ each (1/2 Payment)

Bi-weekly² Dates ____ & ____ Beginning ____/____/____ for \$ _____ each
(1/2 of contractual payment amount)

***If anything other than monthly is chosen for the payment frequency, the account must be current and all fees paid unless it is preapproved by SouthEast Auto Financial Services.

Note: For any payments where the payment date falls on a federal holiday, weekend or a calendar date not present in the month (i.e. the 31st of June or the 30th of February) the payment will be debited on the first business day after the payment date, unless the business day option is selected.

I authorize Southeast Auto Financial Services, L.L.C. to automatically debit my card as described in the payment options of this authorization. Southeast Auto Financial Services, L.L.C. is authorized to debit my card until Southeast Auto Financial Services, L.L.C. receives written notification to terminate this service or until the account is paid in full. Termination requests must be received in writing (5) days prior to the next scheduled draft.

Print Legal Name: _____ Daytime Phone Number: _____

Signature: _____ Date: _____