

Auto Services Company
PLEASE FAX BACK TO 870-508-6659

Authorization for Direct Debit of Payments (Must attach voided check)

The purchaser authorizes Auto Services Company Inc. to instruct Purchaser's financial institution to make the applicable amount of withdrawals to Purchaser's account listed below by electronic debit of checking account. Debit will be on the 6th and 21st of each month for the amount disclosed on the Billing Statement faxed to you on the 4th and the 19th of each month.

Name of Financial Institution _____

Checking Account # _____

Transit Routing # _____

I authorize withdrawals from my Checking account for the purchase of Vehicle Protection Plans in accordance with this agreement. This authority shall remain in effect until ASC has received written notification of termination from Purchaser in time to allow reasonable opportunity to act on it.

Dealer Name/Number: _____

Account Holders signature _____ Date _____

Printed Name _____

Thank you,
ASC WARRANTY
800-442-7116
EXT 1307

Auto Services Company Inc.