

AUTOMATIC PAYMENT AUTHORIZATION FORM



Avid Acceptance

For your convenience, you can choose to authorize and enroll in the recurring payment program. To authorize your automatic payment, please complete the AUTOMATIC CHECKING OR SAVINGS ACCOUNT PAYMENT section below and email to autopay@avidac.com, fax to 801-365-0155 or mail to P.O. Box 708580, Sandy, UT 84070.

Automatic payment is a great option to assure payments are made on-time, helping you maintain a current account. Just let us know which day of the month is preferred and we will take it from there. Split payments are available; if you opt to have your payment withdrawal on specified dates, please include one form for each date a draft is desired and the draft amount.

Automatic payments with your checking or savings account are free!

AUTOMATIC CHECKING OR SAVINGS ACCOUNT PAYMENT:

Avid Account Number: _____

Name on Account: _____

Name of Financial Institution: _____

Your Address Financial Institution has on File: _____

Type of Account: Checking Savings

Payment Amount: \$ _____

Start Date: _____

Recurring:
Must Choose Only One

- Monthly on Date Specified
- Weekly
- Bi-weekly
- Every 4 Weeks (28 days)

Customers with pay dates on the same date every month (i.e. 1st and 15th) should opt for payments to repeat Monthly on Date Specified.

Customers with pay dates on unspecified dates (i.e. every other Friday) should opt for payments to repeat Weekly, Bi-weekly or Every 4 Weeks (28 days).

YOUR NAME		DATE _____	101
PAY TO THE ORDER OF _____		\$ _____	
YOUR BANK		DOLLARS	
FOR _____			
1 2 3 4 5 6 7 8 9	1 2 3 4 5 6	101	

A **B**

Bank ABA/Routing Number (A):

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Bank Account Number (B):

By enrolling in the recurring payment program you authorize Avid Acceptance, LLC or its designated assignee to initiate recurring automated clearing house (ACH) debit entries from the checking or savings account you specify. Once your enrollment is processed, all payments will be automatically withdrawn using the stated method listed herein.

This authorization shall remain in effect unless and until Avid Acceptance, LLC has received notification from Customer within three (3) business days from the next scheduled withdrawal or until Avid Acceptance, LLC determines at its own discretion that this authorization should be terminated. Undersigned represents and warrants to Avid Acceptance, LLC that the person executing this release is an authorized signatory on the account listed herein and all information regarding the account and account owner is true and correct.

NAME: _____ **SIGNATURE:** _____ **DATE:** _____

QUESTIONS? If you have additional questions or concerns while completing this automatic payment authorization form, please call Avid Acceptance at 1-888-777-9190.