

**AUTHORIZATION AND AGREEMENT FOR AUTOMATIC
WITHDRAWAL FOR PAYMENTS**



AMERICAN AUTO FINANCING INC.
P.O. Box 15047*Santa Ana, CA. 92735
(714)953-3129

Please complete the Authorization and Agreement for Automatic Withdrawal for Payments on your account below, if you want to start automatic withdrawals for the first time or after having stopped for a while; moved your account to another institution or changed your account number.

★As the “account holder,” I give **American Auto Financing Inc. (AAF)** permission to withdraw the exact payment amount on the (or first working day following the _____) of each month for AAF account # _____. I understand and agree that:

- I must contact **AAF** at least 10 days in advance when I want **AAF** to stop the withdrawals from my account at this bank and;
- I must continue to send **AAF** regular payments by check or money order the until automatic withdrawal will begin (generally 30 -45 days).

★By signing this agreement, I give permission for American Auto Financing Inc. to begin automatic withdrawal from my (“X” one):

Checking account At the following “bank”:

Name of Bank _____

Account # _____

Name of account Holder _____

Street address of account holder _____

City _____ **State** _____ **Zip** _____

Signature of Account Holder ★ _____

After you sign this agreement, (1) attach a “voided” personal check or savings account deposit slip with this form (2) cut on dotted line, and (3) Mail form to: **AAF P.O. Box 15047 • Santa Ana, Ca. 92735**

★ Attach Voided Check

