

**BORROWER DIRECT DEBIT AUTHORIZATION AGREEMENT**

I hereby authorize American Thrift & Finance Plan, LLC, (hereinafter COMPANY ) to directly debit any amounts owed by me from my checking/savings account at the financial institution (hereinafter BANK) indicated below. Further, I authorize BANK to accept and to debit any entries originated by COMPANY from my account. This authority will remain in effect until such time as the account is paid in full or COMPANY is notified by me (us) in writing to cancel it in such time as to afford COMPANY and BANK a reasonable opportunity to act on it.

Depositor Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Checking  Savings

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK TO THIS AGREEMENT**

Office use only:

Payments will be drafted each month on the (circle one): 1<sup>st</sup> 5<sup>th</sup> 15<sup>th</sup> 20<sup>th</sup>

Branch Number \_\_\_\_\_ Loan Number \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_ Start Date \_\_\_\_\_