



**UNITED CONSUMER FINANCE**  
UNITED TOGETHER WITH YOU

Automatic Loan Payment Authorization through Automatic Withdrawal

Bank Information

Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
Bank telephone: \_\_\_\_\_  
Bank ABA (Routing) Number: \_\_\_\_\_  
Checking account number: \_\_\_\_\_  
Statement Savings Account: \_\_\_\_\_

Withdrawal Information  
Office Use Only

Monthly OR Weekly Payment Amount: \$ \_\_\_\_\_  
First Loan Payment Date: \_\_\_\_\_  
First ACH date: \_\_\_\_\_

Required documents (Name on bank account must match contract)

CHECKING ACCOUNT

1.

Attach a voided check\*

\* Starter checks are not an acceptable form of account ownership. Customers with starter checks Must supply a bank statement or letter from bank that lists account number and customer's name.

STATEMENT SAVINGS ACCOUNT

1.

Copy of bank statement Listing Account Number

Customer Name(s): \_\_\_\_\_

Authorize United Consumer Finance, Inc. to electronically withhold funds from my (SELECT ONE)

CHECKING ACCOUNT

SAVINGS ACCOUNT

In accordance with the withdrawal information set forth above, I further authorize a regular payment hereunder to be increased in order to pay all amounts due under my Retail Installment Sales Agreement at that time such payments; including any amounts accrued during the activation of the automatic clearing house collection process; any past due amounts, any late fees, any deferral charges and any interest.

I recognize that I am entitled to any notification of any variation from the regular payments authorized herein by receiving from United Consumer Finance, Inc. in writing, ten days prior to a payment, detailing when it will be made and how much it will be. I, however, choose instead to receive such notice only when a payment would differ by more than four (4) times the amount of a regular payment.

I am aware that I must stop any of these payments by notifying my financial institution listed above under bank information orally or in writing at any time up to three (3) business days prior to the scheduled day of payment. I acknowledge that my financial institution may require written confirmation to be provided to it within fourteen (14) days of an oral notification by me. I agree to notify United Consumer Finance, Inc. a request by me to stop any of these payments. I understand that my stopping a payment previously authorized by me herein does not relieve me of liability for such payment and may result n my default under my Retail Installment Sales Agreement.

I herby acknowledge receipt of a completed copy of this authorization.

\_\_\_\_\_  
CUSTOMER'S SIGNATURE

\_\_\_\_\_  
DATE