



AUTOMATIC WITHDRAWAL ENROLLMENT FORM

CUSTOMER NAME: _____ PHONE NUMBER: _____

ACCOUNT NUMBER: _____

VEHICLE PAYMENT AMOUNT: \$ _____ C.P.I. PAYMENT AMOUNT: \$ _____

MATCH THE CONTRACTUAL LOAN AGREEMENT

OTHER (REQUIRES PREAPPROVAL FROM CREDIT SECURITY ACCEPTANCE MANAGEMENT):

DATE OF FIRST CHARGE: _____ / _____ /20_____

CREDIT CARD INFORMATION:

CREDIT

DEBIT

NAME ON CARD: _____

BILLING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

BANK/FINANCIAL INSTITUTION FOR CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ / _____ CVV: _____

I WAIVE MY OPTION TO ENROLL IN AUTOMATIC WITHDRAWAL PAYMENTS AT THIS TIME. I understand that all payments made by Debit Card or Credit card not enrolled in the automatic withdrawal program are assessed a convenience fee at the time of processing.

I ELECT AUTOMATIC WITHDRAWAL ENROLLMENT. I understand and agree that Credit Security Acceptance Corp. (CSA) will charge my Debit/Credit Card listed above on a recurring basis for the above mentioned account. I agree that it is my responsibility to notify CSA should I wish to make any changes to the above information.

Important: The payment(s) will be automatically deducted from the customer's account on the withdrawal date(s) entered by the customer. If you need to delay or stop your automatic withdrawal for any reason, we will need at 3 days notice. If we do not get at least 3 days notice, we cannot guarantee that the payment will be stopped. By electing, I am stating that the above card will have the necessary funds for the authorized transaction(s). In the event that an authorized credit/debit card is disputed or becomes a chargeback under this agreement, a return item fee of \$25.00 will be assessed.

Signature: _____ Printed Name: _____ Date: _____

Signature: _____ Printed Name: _____ Date: _____