



# Direct Debit Authorization

Buyer(s): \_\_\_\_\_ VIN: \_\_\_\_\_

Vehicle: \_\_\_\_\_

**Please use this form if you wish to have payments automatically debited from your banking account.**

Name (Business name if a business)		Phone
Address		
<input type="checkbox"/> New Authorization <input type="checkbox"/> Account Number Change <input type="checkbox"/> Cancellation of Agreement <input type="checkbox"/> Depository Change <input type="checkbox"/> Other _____		
<p>I (We) hereby authorize National Auto Lenders, hereinafter called NAL, to initiate recurring debit (withdrawal) entries to my (our) account as indicated below, and the Financial Institution named below, hereinafter called DEPOSITORY, to debit the same to such account. If this item is dishonored, I (we) authorize an additional returned check fee of \$25.00 (or Legal Limit) to be charged to this account.</p> <p>If funds are erroneously taken from my (our) account, I (we) authorize NAL to initiate a correcting (credit) entry, and DEPOSITORY to credit the same to such account.</p>		
NAL Loan Account Number	Debit Frequency: (Choose ONE)	
Starting On Date	<input type="checkbox"/> Bi-weekly (Every 14 days) <input type="checkbox"/> Semi-monthly (Twice a Month) On the _____ and _____ of the month	
Amount	<input type="checkbox"/> Monthly : On the _____ of the month	
Depository Name (Bank, etc)	Bank Routing / ABA number	
Depository Street Address	Banking Account number	
Depository City, State, ZIP		Type of account
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<i>Optional - *** attach a voided check or deposit slip (or copy) to ensure account accuracy ***</i>		
<p>This authorization is to remain in full effect until terminated by NAL or until NAL has received written notification from me (or either of us) of its termination, at least 5 banking days in advance of the next scheduled payment so as to afford NAL and DEPOSITORY a reasonable opportunity to act.</p>		
Authorized Signature	Date	
Printed Name	VER 111521	

## Pre-Authorized Direct Debit Instructions

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### **Business or Individual Name, Address and Phone Numbers**

List the name(s), address, and phone numbers where you can be reached so we can contact you if we have questions regarding the form.

### **New Authorization, Account number, Depository Change, Other**

Indicate whether a new authorization or to change an existing authorization such as a new finance institution or a different account.

### **Authorized Payment Details**

Verify or enter the details of the payment that you are authorizing. The account number, the amount of the payment, when the payment is to start, and how often the payment is to be made. If items are pre-filled and you wish to change them, strike out the prefill, enter the correct or desired information, and initial each change.

### **Debit Frequency**

**Monthly:** Payments will be withdrawn on the same date each month. For example, if the Starting Date is Jan 1<sup>st</sup>, the payment will be taken out on the 1<sup>st</sup> of each month.

**Bi-weekly:** Payments will be withdrawn every 14 days on the same day of the week. For example, if the Starting Date is Friday Jan 1<sup>st</sup>, the payments will be taken on Friday Jan 1<sup>st</sup>, Friday Jan 15<sup>th</sup>, Friday Jan 29<sup>th</sup>, and so forth.

**Semi-monthly:** Payments will be withdrawn twice a month on the same date. For example, if the 1<sup>st</sup> and 16<sup>th</sup> are chosen, payments will be withdrawn on the 1<sup>st</sup> and 16<sup>th</sup> of each month. We recommend dates be 15 days apart.

**Dates at the End of the Month:** If a withdrawal date does not occur in a certain month (for example, the 31<sup>st</sup>) the payment will be withdrawn on the last day of that month.

### **Depository Name and Address**

List the complete name and address of the financial institution where your funds will be debited/credited.

### **Bank Routing/ABA number**

This is the unique 9-digit number assigned to your financial institution. This information can be obtained from your financial institution or by looking at the lower left corner of your preprinted checks. To help ensure correct information, please attach a voided check or deposit ticket for the account. A copy of a voided check also acceptable.

### **Account Number**

This is the number of your account from which we will be withdrawing or depositing payments. This information can be obtained from your financial institution, your account statements, or looking at the number just to the right of the Bank Routing/ABA number on your checks.

### **Type of Account**

Indicate whether a checking or a savings account.

### **Signature and Date**

Sign the form and enter the printed name of the signer and the date of the signing.