



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	
City, State, ZIP	
<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 <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly (Every 14 days)
Amount	Starting On Date
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 11.14.16



Pre-Authorized Direct Debit Instructions

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 prefilled and you wish to change them, strike out the prefill, enter the correct or desired information, and initial each change.

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.