

AUTHORIZATION FORM



Please feel free to use the text boxes provided to type information onto this form. Please print the form, and sign the authorization.

Please Fax to: 801-208-1004

Or mail to:

**American Credit Foundation
7720 South 700 East, Midvale, UT 84047**

PRINT FORM

Preferred Payment Date:	<input type="text"/>
Name on Account (Please Print):	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>
City/State/Zip:	<input type="text"/> <input type="text"/> <input type="text"/>
Please transfer payments directly from my:	<input type="checkbox"/> Checking account (attach a voided check) <input type="checkbox"/> Savings account (attach a savings deposit slip)
Routing # (between these symbols !:):	<input type="text"/>
Account Number:	<input type="text"/>

I authorize American Credit Foundation to process debit entries from my account. This authority will remain in effect until I give reasonable notification to terminate this authorization or until the last specified payment date. I understand there will be a \$10.00 fee automatically charged to my account for any insufficient funds (NSF) transactions. I have attached a voided check or savings deposit slip.

****Authorized Signature on my Account:**

Date:

ES2172 - Please attach voided check or savings deposit slip - ES2172

FOR OFFICE USE ONLY

Client Account#:	Total Monthly Payment:
1st payment date:	Payment Frequency
1st payment Amount:	Amount collected per payment transferred:

Attach voided check or savings deposit slip here

****Please make sure you "Sign" the form before faxing**
