Logo, company name

Description automatically generated

23272 Mill Creek Dr., #350 Hours of Operation:

Laguna Hills, CA 92653 Monday-Friday – 8:00 am – 8:30 pm (CST)

(949) 371-8656 Saturday – 9:00 am – 6:00 pm (CST)

Sunday - Closed

Email: [customerservice@strikeacceptance.com](mailto:customerservice@strikeacceptance.com)

**Authorization for Automatic Payment Withdrawal**

I authorize Strike Acceptance (Strike) to charge my Debit Card or debit my Deposit Account (my “Account”) as indicated below, and credit my loan balance in the amount specified below each month on my scheduled due date. I understand that if my scheduled due date falls on a weekend or holiday, my payment may be processed on the next business day. In providing this authorization I represent that I am a legally authorized user of the specified Account. I further understand that (i) I am not required to enroll in Strike’s automatic payment program, (ii) I may cancel my enrollment at anytime by notifying Strike no less than three (3) business days prior to my next scheduled due date, (iii) if my scheduled payment is returned for non-sufficient funds (“NSF”), I will be charged an NSF fee in the amount of $15, or other amount as may legally be permitted, (iv) if the Account from which my payments are withdrawn should be closed, it is my responsibility to notify Strike no less than three (3) business days prior to my next scheduled due date to ensure that I do not incur an NSF fee, (v) if I wish to continue auto withdrawal of my payments from a different Account, it is my responsibility to re-enroll with Strike using such new Account, and (vi) Strike may cancel my enrollment in auto withdrawal at any time.

**Please Complete the Following –** (Return completed form to Strike by mail or email at the addresses indicated above.)

|  |  |
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| **Customer Information** | |
| Customer Name: | Co-Buyer Name: |
| Customer Address: | |
| Customer City/State/Zip: | |
| Loan Number: | |

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| --- | --- | --- |
| **Withdraw My Payments from My:** | | |
| Debit Card (*Preferred*)  Card No.: Exp. Date: CVV:  Name on Card: | | |
| Deposit Account  Bank Name: | Account Type:  Checking\*  Savings  \* Please attached voided check | Routing/Transit Number: Deposit Account Number:    These numbers are located on the bottom of your check. |

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| **Monthly Payment Amount** | |
| The payment amount withdrawn from your bank account cannot be less than the monthly payment amount as stated in your loan agreement. If you wish to pay more each month, you can do so by entering an amount greater than your regular monthly payment amount in the space provided below. If you indicate a payment amount that is less than your original contractual Agreement, the Automatic Payment form will be returned to you. | |
| **→→→** Enter the total amount to be withdrawn from your bank account or debit card each month:  **Note: Any fees assessed for non-sufficient funds will be added to the total amount owed to pay off your loan.** | $ |

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| **Authorized Account Signers** | |
| By signing this form, I assert that the information I have provided above is true and correct. I further assert that I have read, understand, and accept the terms and conditions associated with this form as stated above. | |
| Customer Signature: | Date: |
| Co-buyer Signature: | Date: |