

AUTHORIZATION FOR DIRECT (ACH) DEBIT PAYMENTS

In this Authorization for Direct (ACH) Debt payments (this "Authorization") you are giving DYNAFLOW ACCEPTANCE permission to automatically deduct from your checking or savings account (described below) the payment due under your finance contract (described below).

Instructions: To complete this Authorization, you need to do the following:

- 1) Mark the box before type of account to indicate whether you have a checking or savings account.
- 2) Fill in your name, financial institution name and location, and date.
- 3) Sign the Authorization Form in the space provided below. If your bank account is a joint account both account holders must sign this form.
- 4) Return the original Authorization along with a voided check, OR a deposit slip if you select a Savings account, by fax to: (407) 745-3447
- 5) **Keep a copy of the completed Authorization for your files.**

We will process your account for automatic deduction as soon as possible after we receive your form.

Payment Information: You may automatically transfer the payments due under my finance contract of

\$ every:

1st and 15th of the month beginning:

Bi-Weekly beginning:

Friday of every week beginning:

1st of the month beginning:

Last day of the month beginning: :

Bank or Savings Account Information:

Checking account (or) Savings account

FINANCIAL INSTITUTION NAME (PLEASE PRINT)

ACCOUNT NUMBER AT FINANCIAL INSTITUTION

FINANCIAL INSTITUTION ROUTING NUMBER

FINANCIAL INSTITUTION CITY AND STATE

PRINT YOUR NAME

Authorization: You: (i) authorize us to initiate electronic fund transfers or use any other commercial accepted practice to withdraw the payments shown above from the bank or savings account shown above, and (ii) acknowledge that the origination of ACH transactions to your account must comply with the U.S. law and the Rules of the National Automated Clearing House Association. You also authorize us to debit the bank or savings account shown above for any other amounts due under the finance contract identified above or any changes in the amounts and payments due because additional agreements between you and us that relate to that contract.

This Authorization will remain in effect until we receive a written notice from you of its termination in such time and manner as to allow us and others involved with the debits a reasonable opportunity to act upon your request.

By signing below, you agree to the terms of this Authorization and represent that you have the necessary authority with respect to the bank or savings account identified above to authorize the debits specified in this Authorization.

AUTHORIZED SIGNATURE DATE

AUTHORIZED SIGNATURE DATE (joint account holder)