

<b>Customer Name(s):</b> <b>Street Address:</b> <b>City, State Zip:</b>	<b>Heritage Acceptance Corporation</b> <b>118 South 2<sup>nd</sup> Street</b> <b>Elkhart, IN 46516</b>  <b>AUTO-WITHDRAWAL</b> <b>AUTHORIZATION FORM</b>
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I hereby authorize Heritage Acceptance Corporation\* to make recurring charges from the checking/savings account or debit card listed below. To cancel this authorization at any time, I must speak with a representative of Heritage Acceptance Corporation at [1-800-233-9598](tel:1-800-233-9598) by 5:00pm Eastern Time 2 days before my payment is scheduled to be withdrawn. If I need to change any of the information on this form including but not limited to the withdrawal date, payment amount, or account information, I must submit a new form to Heritage Acceptance Corporation at least 2 business days before the desired change will take effect.

MAIN ACCOUNT & SERVICE ACCOUNT	DEFERRED ACCOUNT (New Loans Only, Normally end in DD)
Main Account #: _____ Amount: \$ _____	Deferred Account #: _____
Service Account #: _____ Amount: \$ _____	Payment Amount: \$ _____
Start Date <sup>1</sup> : _____ Total: \$ _____	1 <sup>st</sup> Payment Date: _____
<b><u>Frequency (Check One):</u></b>	2 <sup>nd</sup> Payment Date: _____
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly on _____ & _____	3 <sup>rd</sup> Payment Date: _____
(Days of month i.e., 1 <sup>st</sup> & 15 <sup>th</sup> )	4 <sup>th</sup> Payment Date: _____
	5 <sup>th</sup> Payment Date: _____

Heritage Acceptance Corporation does not charge a service fee for this feature. I understand that if I make any changes to this schedule that causes my payment to be processed outside the original dates of authorization I will be charged a \$4.95 convenience fee by Paymentus Corporation. This includes the reprocessing of declined transactions and any payment date changes. Additionally, if the scheduled payment is processed and there are insufficient funds in my account or available on my debit card, Heritage Acceptance Corporation may charge late fees and/or NSF fees as my contract and/or applicable law allow.

I hereby release Heritage Acceptance Corporation from all liability for any errors made by my bank, debit card company, or any other third party in the processing of these payments. This includes, but is not limited to all fees or penalties incurred for late payment or declined transactions.

I hereby state and acknowledge that I am providing this authorization voluntarily and that it is not required to either obtain or retain credit.

**Fill out ONLY one Section below, Either Debit Card or Checking/Savings**

<input type="checkbox"/> Use the Following Debit Card Information (We do not accept American Express)		
_____	_____	_____
Debit Card Number	Expiration Date	CVV Code
<input type="checkbox"/> Use the Following Checking/Savings account information		
_____	_____	This is a <input type="checkbox"/> Checking Account
Routing Number	Account Number	<input type="checkbox"/> Savings Account

_____	_____
Card Holder/Account Holder Signature	Date
_____	_____
Card Holder/Account Holder Printed Name	Bank Name or Card Type
_____	_____
Email Address (for confirmation purposes)	Billing Zip Code

*\*Ohio Customers Only:  
Landmark Acceptance Corporation (Heritage Acceptance Corporation)*

*<sup>1</sup> If this form is received on or after the "Date Payments to Start" date, the 1<sup>st</sup> withdrawal will be processed on the next payment date as specified above.*