

Customer Name(s): Street Address: City, State Zip:	Heritage Acceptance Corporation 118 South Second Street Elkhart, IN 46516 AUTO-WITHDRAWAL AUTHORIZATION FORM
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MAIN ACCOUNT

DEFERRED DOWN ACCOUNT
(New Loans Only – Account Ends in DD)

Main Account #: _____ Amount: \$ _____ Start Date ¹ : _____ Total: \$ _____ <p style="text-align: center;"><u>Frequency (Check One):</u></p> <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semimonthly on _____ & _____ (Days of month i.e., 1 st & 15 th) NOTE: The Payment Amount will increase if you do not keep the vehicle insured and Heritage puts collateral protection coverage in place. Currently, the collateral protection cost is \$480 per year and will be applied based on the Payment Frequency.	Deferred Account #: _____ Payment Amount: \$ _____ 1 st Payment Date: _____ 2 nd Payment Date: _____ 3 rd Payment Date: _____ 4 th Payment Date: _____ 5 th Payment Date: _____
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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
<i>If a transaction is declined, it will be attempted on the next three (3) consecutive business days.</i>		
<input type="checkbox"/> Use the Following Checking/Savings account information		
_____ Routing Number	_____ Account Number	This is a: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
_____ Bank Name		

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at [1-800-233-9598](tel:1-800-233-9598) by 5:00 p.m. Eastern Time two (2) days before my payment is scheduled to be withdrawn.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 two (2) business days before the desired change will take effect.

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 the third-party processing company. 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 I understand that it is not required to either obtain or retain credit.

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

_____ 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

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