

**UNITED CONSUMER FINANCE, INC.**

150 West Grove Street

Middleboro, MA 02346

Phone 508 923-0289 Fax 508 946-4218

**Automatic Loan Payment Authorization through Automatic Withdrawal**

**Bank Information**

Bank Name: \_\_\_\_\_.

Bank Address: \_\_\_\_\_ Bank Phone: ( ) \_\_\_\_\_.

Bank ABA (Routing) Number: \_\_\_\_\_.

Checking Account Number: \_\_\_\_\_.

Statement Savings Account: \_\_\_\_\_.

**Withdrawal Information**

Office Use Only

Monthly Payment Amount: \$ \_\_\_\_\_.

First Loan Payment Due: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ First ACH Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

**Required Documents:** (Name on bank account must match contract)

**CHECKING ACCOUNT: ATTACH A VOIDED CHECK**

**STATEMENT SAVINGS ACCOUNT: DEPOSIT SLIP LISTING ACCOUNT NUMBER  
COPY OF BANK STATEMENT**

Customer Name(s) I, \_\_\_\_\_ authorize United Consumer Finance Inc., to

Electronically withdraw funds from my: **Checking Account** **Savings Account** (circle one)

Account in accordance with the withdrawal information set forth above, I further authorize a regular payment hereunder to be increased in order to pay all amounts due under my Retail Installment Sales Agreement at the time such payments, including any amounts accrued during the activation of the automatic clearing house collection process, any past due amounts, any late fees, any deferral charges, and any interest.

I recognize that I am entitled to any notification of any variation from the regular payments authorized herein by receiving from United Consumer Finance, Inc., notice in writing, ten days prior to a payment, detailing when it will be made and how much it will be. I, however, choose instead to receive such notice only when a payment would differ by more than four times the amount of a regular payment

I am aware that I may stop any of these payments by notifying my financial institution listed above under bank information orally or in writing at any time up to three business days prior to the scheduled date of payment. I acknowledge that my financial institution may require written confirmation to be provided to it within (14) days of an oral notification by me. I agree to notify United Consumer Finance, Inc., a request by me to stop any of these payments. I understand that my stopping a payment previously authorized by me herein does not relieve me of liability for such payment and may result in my default under my Retail Installment Sales Agreement.

I hereby acknowledge receipt of a completed copy of this authorization.

**Customer's Signature's:** \_\_\_\_\_ **Date:** \_\_\_\_\_