





**Bank Account to Debit  
("Bank Account")**

Bank Name	
Account Number	
Routing Number (9 digits on bottom left of check)	
Indicate Debit Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Indicate Debit Account Type:  
*Payments for Installment Loans and Equity/Flexline must be debited from Consumer/Personal Account Type.*  
 Choose One:

<input type="checkbox"/> <b>Personal/Consumer</b>  Personal/Consumer account <b>must be held by Borrower</b> , as all Auto BillPayer notifications are sent to Borrower.  I attest that I am an authorized signer on the Bank Account listed above. I hereby authorize the Company, as that term is defined in the Auto BillPayer Terms and Conditions, to initiate debit entries, and if necessary, credit entries and adjustments, from my Bank Account referenced above to the Obligation Account, for the payment or settlement of Borrower's obligation. I understand and agree that the use of Auto BillPayer is governed by the Auto BillPayer Terms and Conditions, as amended from time to time.  Signature _____ Date _____  Print Name _____	<input type="checkbox"/> <b>Business/Commercial</b>  I (We) hereby authorize the Company, as that term is defined in the Auto BillPayer Terms and Conditions, to initiate debit entries, and if necessary, credit entries and adjustments, from the Bank Account referenced above to the Obligation Account, for the payment or settlement of Borrower's obligation. I (We) understand and agree that the use of Auto BillPayer is governed by the Auto BillPayer Terms and Conditions, as amended from time to time, and that all Auto BillPayer notices will be delivered to the Borrower.  <b>Bank Account Owner:</b> I certify that I am duly authorized by the company named below to execute and deliver this Auto BillPayer Authorization Form.  Company Name _____ Signature _____ Date _____ Print Name _____ Title _____  <b>Borrower (if different from Bank Account Owner):</b> I certify that I am duly authorized by the Company named below to execute and deliver this Auto BillPayer Authorization Form. Borrower Company Name _____ (if applicable) Borrower Signature _____ Date _____  Print Borrower Name _____ Title _____ (if applicable)
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