

ACH Authorization and Enrollment for Recurring Charges

Bank Account Number: _____

Bank ABA (Routing) Number: _____

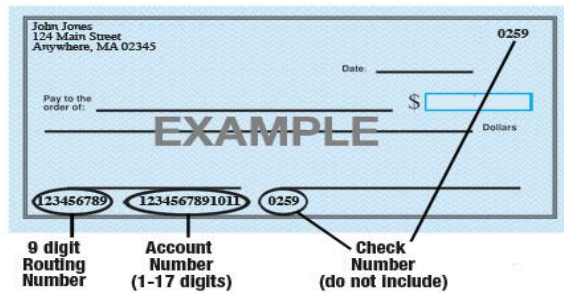
Bank Name: _____

Bank Address: _____

Bank Phone Number: _____

Type of Account:

- Checking (Attach a Voided Check)
- Statement Savings (Attach a Deposit Slip or Copy of Bank Statement)



Payment Amount: \$ _____

First ACH Loan Payment Date: _____

I (We) hereby authorize Safe Harbor Funding, LLC dba Autolink to debit the payment owed to Autolink pursuant to my (our) Retail Installment Sales Agreement, including any late fees, NSF fees, or other amounts then due as described in the Agreement, automatically on the payment due date set forth in said Agreement from my (our) above-stated bank account. Autolink may cancel this authorization at any time. I (We) may cancel this authorization by contacting Autolink in writing and said cancellation shall be effective five (5) business days after receipt of request. I (We) have the right to receive written notice at least ten (10) days before the scheduled date of a payment debit if the debit will be different in amount from the prior debit made under this Agreement, or different from the contract payment amount (plus any late charges, NSF fees, and other fees and charges that may be due).

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

Customer's Full Name: _____

Customer's Signature: _____ Date: _____

Customer's Full Name: _____

Customer's Signature: _____ Date: _____