



Autolink  
P.O. Box 1927  
Andover, MA 01810

### Credit Card/Debit Card Authorization Form

Name on the Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Type of Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_ \_

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 credit card or debit card 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: \_\_\_\_\_