



ATLANTIC ACCEPTANCE CORPORATION'S AUTOMATIC PAYMENT PROGRAM

Would you like Atlantic Acceptance to take care of your payments for you? Save time, money, and mail delays by signing up for our automatic payment program. Working with our bank and yours, we will process an automatic debit against your account each month on your payment due date. Simply provide us with the written authorization form below, along with your bank information and a voided check, and we'll do the rest.

AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENTS (DEBITS)

This is my authorization to Atlantic Acceptance Corporation to automatically debit my account with _____ bank, account number _____, routing number _____, each month for my payments as indicated on the premium finance contract between myself and said company. I understand that a convenience fee of \$3 will be included in the debited amount for each payment **in accordance with state law**. I also understand that other fees incurred on my account such as, but not limited to, late fees, non sufficient funds fees, cancellation fees (where applicable), etc. will **etc. will** also be included in this debited amount.

I understand that this authorization will be in effect until I notify Atlantic Acceptance Corporation that I no longer desire this service, giving 48 hours notice for such change to take effect, or such that my account has been paid in full according to the terms of my contract. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (debit or credit) to my account.

**This authorization is nonnegotiable and nontransferable.
You must attach a voided check.**

Customer name _____
Business name (if applicable) _____
Account number _____
Date _____
Signature _____
Phone number _____

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