

Heritage Acceptance Corporation

AUTO-WITHDRAWAL AUTHORIZATION FORM

Customer Name(s): _____

Street Address: _____ City, State Zip: _____

Main Account #: _____ Amount: \$ _____ Start Date: _____

Work Order Account #: _____ Amount: \$ _____

PAYMENT FREQUENCY (CHECK ONE)

Weekly Biweekly Monthly Semimonthly on _____ & _____ (Days of month i.e., 1st & 15th)

NOTE: The Payment Amount will increase if you do not keep the vehicle insured and Heritage puts collateral protection coverage in place. Currently, the collateral protection cost is \$1,320 per year and will be applied based on the Payment Frequency.

PAYMENT METHOD (We do not accept credit cards or American Express)

Debit Card Number: _____ Expiration Date: _____ CVV Code: _____

If a transaction is declined, it will be attempted on the next three (3) consecutive business days.

AUTHORIZATION AGREEMENT

I hereby authorize Heritage Acceptance Corporation* to make recurring charges from the debit card listed above. To cancel this authorization at any time, I must speak with a representative of Heritage Acceptance Corporation at least two (2) days before my payment is scheduled to be withdrawn. If I need to change any of the information on this form including but not limited to the withdrawal date, payment amount, or account information, I must submit a new form to Heritage Acceptance Corporation at least two (2) business days before the desired change will take effect.

Heritage Acceptance Corporation does not charge a service fee for this feature. I understand that if I make any changes to this schedule that causes my payment to be processed outside the original dates of authorization, I will be charged a \$5.95 convenience fee by the third-party processing company. This includes the reprocessing of declined transactions and any payment date changes. Additionally, if the scheduled payment is processed and there are insufficient funds in my account or available on my debit card, Heritage Acceptance Corporation may charge late fees and/or NSF fees as my contract and/or applicable law allow.

I hereby release Heritage Acceptance Corporation from all liability for any errors made by my bank, debit card company, or any other third party in the processing of these payments. This includes but is not limited to all fees or penalties incurred for late payment or declined transactions. I hereby state and acknowledge that I am providing this authorization voluntarily and I understand that it is not required to either obtain or retain credit.

Card Holder/Account Holder Signature: _____ Date: _____

Email Address (for confirmation purposes): _____ Billing Zip Code: _____

All completed forms should be emailed to: cc@hfgnet.com

*Ohio Customers Only: Landmark Acceptance Corporation (Heritage Acceptance Corporation)

If this form is received on or after the "Date Payments to Start" date, the 1st withdrawal will be processed on the next payment date as specified above. *

(Form revised: April 2026)