

<p>Customer Name(s): Street Address: City, State Zip:</p>	<p>Heritage Acceptance Corporation 118 S 2nd Street Elkhart, IN 46516</p> <p>AUTO-WITHDRAWAL AUTHORIZATION FORM</p>
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MAIN ACCOUNT & WORK ORDER ACCOUNT

Main Account #:	Amount: \$
Work Order Account #: _____	Amount: \$ _____
Start Date ¹ : _____	Total: \$ _____
<u>Frequency (Check One):</u>	
<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semimonthly on _____ & _____ (Days of month i.e., 1 st & 15 th)	
<p><u>NOTE:</u> 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 \$900 per year and will be applied based on the Payment Frequency.</p>	

Use the Following Debit Card Information (We do not accept American Express)		
- - -	-	-
Debit Card Number	Expiration Date	CVV Code
<i>If a transaction is declined, it will be attempted on the next three (3) consecutive business days.</i>		

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at [1-574-522-9598](tel:1-574-522-9598) by 5:00 p.m. Eastern Time two (2) days before my payment is scheduled to be withdrawn.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 \$4.95 convenience fee by 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 or availability on my debit card, Heritage Acceptance Corporation may charge late fees as my contract and/or applicable law allow.

I hereby release Heritage Acceptance Corporation from all liability for any errors made by my 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	<p><i>*Ohio Customers Only: Landmark Acceptance Corporation (Heritage Acceptance Corporation)</i></p> <p>¹ <i>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.</i></p>
Card Holder/Account Holder Printed Name	Bank Name or Card Type	
Email Address (for confirmation purposes)	Billing Zip Code	<i>(Form revised: Jan 2023)</i>