



Automatic Contract Payment Plan Authorization Form
(PLEASE PRINT OR TYPE)

I. Your name(s) _____

Company Name: _____

Customer Number: _____ Loan Number: _____

Email Address: _____ Phone Number: _____

II. The monthly contract payment will be deducted on the _____ day of the month starting with the first payment due date of the contract. If the due date falls on a weekend or holiday, we will deduct the contract payment due on the next business day.

III. The financial institution from which the monthly contract payment should be automatically deducted is:

Name: _____

Address: _____ (City) (State) (Zip)

Account Name: _____ Bank Routing Number: _____

☐ Savings / ☐ Checking Account Number: _____

I/We understand that Firestone Financial Corp. must be notified in writing 30 days in advance of any changes to my/our financial institution or account number.

IV. BANK AUTHORIZATION: As a convenience to me/us, please honor ACH debits on my/our account drawn by and payable to Firestone Financial Corp. I/We agree that your rights with respect to such debit shall be the same as if it were a check drawn upon you and signed personally by me/us. This authority shall remain in effect until you receive notice from us otherwise. I/We agree that you shall be fully protected in honoring such debit. I/We further agree that if any debit be dishonored, whether with or without cause or whether intentionally or inadvertently, you shall be under no liability whatsoever. Firestone Financial Corp. shall not be held liable for errors or omissions made by your financial institution in the transmission of my ACT debit under this Authorization Form.

ATTACHED VOIDED CHECK HERE

Authorization form is NOT valid without a voided check.

Signature: _____ Signature of Bank Depositor as shown on bank records

Date: _____

Signature: _____ Signature of Bank Depositor as shown on bank records

Date: _____