

AUTHORIZATION AGREEMENT FOR Electronic Check Payments

(I/we) do hereby authorize Continental Finance Capital Corporation hereinafter named the COMPANY, to initiate a single or recurring (debit or credit) entries to (my/our) (Checking Account / Savings Account) as indicated and named below as the depository financial institution, hereafter named FINANCIAL INSTITUTION. (I/we) acknowledge that the origination of Electronic Check transactions to my (my/our) account must comply with the provisions of U.S. law.

I am a duly authorized check signer on the financial institution account identified below, and authorize all of the above as evidenced by my signature below.

Financial Institution Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Acct. Number: _____

Type of Account (Select One): Checking Savings

Total Payment Due:
Payment Amount:

Payment Start Date:
Number of Payments:

This authorization is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Account Holder): _____

(Additional Information): _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please Attach a Voided Check (NOT a Deposit Slip) From the Account to be Debited

ATTACH CHECK HERE OR IN A SEPARATE ATTACHMENT