

Recurring Payment Plan Authorization



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 Harrington, DE 19952
 Phone: (302) 674-0365
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Payment Authorization

| | | |
|---|-----------------------------------|-------------------|
| Name [as it appears on Bank Account or Credit Card] | Name on AF Account (if different) | AF Account Number |
| Street Address | | City, State, Zip |
| Home Phone | | Cell Phone |

PAYMENT PLAN SCHEDULE

Recurring Bi-weekly Semi-monthly Weekly Monthly
 START DATE: Month _____ Day _____ Year _____ Payment Amount: \$ _____
(Start date must be at least 15 business days from submission of this form.)

Please CHOOSE PAYMENT METHOD by completing the appropriate section below.

| BANK INFORMATION (Attach voided check) | [OR] | CREDIT CARD INFORMATION |
|---|------|---|
| Circle One: Personal Checking Business Checking Personal Savings Business Savings | | Circle One: Mastercard Visa Discover AMEX |
| Bank Name | | Card Number |
| Bank Phone | | Billing Street Address |
| Routing Number | | Billing City, State, Zip |
| Account Number | | Expiration Date Security Code |

PAYMENT AUTHORIZATION

I authorize my bank to debit my account according to the terms stated above. This authorization shall remain in effect until American Finance and my bank receive written notification from me of my intent to terminate at such time and in such manner as to afford American Finance and my bank reasonable opportunity to act. I understand that I have a right to dispute errors in my transaction. If I think there is an error, I can contact American Finance, LLC at (302) 674-0365 [M-F 8 am to 7 pm; Sat 9 am to 3 pm].

All other changes such as payment amount, frequency, bank account number change, or credit card number change, will require a new Recurring Payment Plan Authorization form to be filled out and submitted to American Finance 15 days prior to any change being implemented. I understand that this payment plan may be canceled by American Finance or my bank due to NSF (Non-sufficient Funds). Furthermore, I will be liable to pay an NSF fee equal to the amount allowable by law.

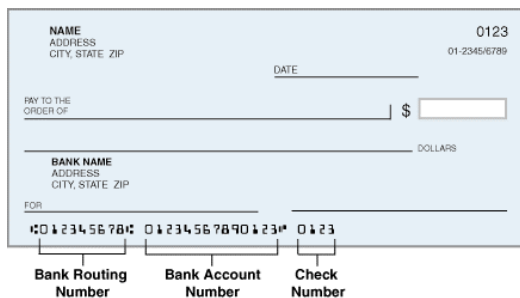
I certify that I am an authorized user of this bank account or credit card and will not dispute these scheduled transactions with my bank or credit card company so long as the transactions correspond to the terms indicated in this authorization form.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold American Finance and my bank harmless from damage, loss or claim resulting from all authorized action hereunder.

Cardholder/Bank Account Holder Signature: _____ Date: _____

Second Authorized Signature if Required: _____ Date: _____

*****Please keep one copy of this document for your records.*****



Attach Voided Check Here