

**Electronic Funds Transfer (ACH or Debit Cards) Recurring Payments Authorization Form**

I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify Premiere Credit of North America, LLC in writing of any changes in my account information. In addition, I agree to provide notification **at least 10 days prior** to the next payment date if I wish to terminate this authorization. If any of the selected periodic payment dates fall on a weekend or a holiday, I understand that the payment may be processed on the next business day following the selected payment date. I understand because this is an electronic transaction, these funds may be withdrawn from my account as early as 12:01 AM on the payment date noted below.

If an ACH transaction is rejected for Non-Sufficient Funds (NSF) I understand that Premiere Credit of North America, LLC may, at its discretion, attempt to process the charge again within 30 days. I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated below:

Payment Date	Payment Amount	Payment Date	Payment Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ACH - Complete and sign below. Joint Account Holders – complete & sign both sections**

Financial Institution's Name: \_\_\_\_\_

Financial Institution's City/State/Zip: \_\_\_\_\_

[ ] Checking [ ] Savings Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Monthly Withdrawal Date: \_\_\_\_\_ 1st Payment Withdrawal Date: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

1) \_\_\_\_\_  
Customer Signature

2) \_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Full Printed Name

\_\_\_\_\_  
Full Printed Name

\_\_\_\_\_  
Date Telephone Date

\_\_\_\_\_  
Telephone

REMEMBER TO ATTACH YOUR VOIDED CHECK

**Debit Card or Credit Card Payments:**

Visa  MasterCard Account Number \_\_\_\_\_ CVV (3 digits on back of card) \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ EXP Date: \_\_\_\_\_

**THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.**