

# AUTHORIZATION FORM

Please feel free to use the text boxes provided to type information onto this form. Please print the form, and sign the authorization.  
Please Fax to: 801-208-1004

Or mail to: American Credit Foundation  
7720 South 700 East, Midvale, UT 84047

Preferred

Payment Date:

Name on Account

(Please Print):

Address:

City/State/Zip:

Please transfer  Checking account (attach a voided check)  
payments directly  Savings account (attach a savings deposit slip)  
from my:

Routing #

(between these symbols |:|):

Account Number:

*I authorize American Credit Foundation to process debit entries from my account. This authority will remain in effect until I give reasonable notification to terminate this authorization or until the last specified payment date. I understand there will be a \$10.00 fee automatically charged to my account for any insufficient funds (NSF) transactions. I have attached avoided check or savings deposit slip.*

**\*\*Authorized Signature on my Account:**

**Date:**

ES2172 - Please attach voided check or savings deposit slip - ES2172

FOR OFFICE USE ONLY

Client Account#:	Total Monthly Payment:
1st payment date:	Payment Frequency:
1st payment Amount:	Amount collected per payment transferred:

Attach voided check or savings deposit slip here

**\*\*Please make sure you "Sign" the form before faxing**