

American Acceptance Corp. of SC
PO Box 51750
Myrtle Beach, SC 29579
843-236-9007

AUTHORIZATION FOR ACH DEPOSIT OF VENDOR PAYMENT

Payee _____
Address _____
City, State Zip _____
Telephone _____
Contact Name _____
Contact e-mail _____
(for ACH remittance notification)

Complete this section for new enrollments or for financial institution or account changes.

Select one: New Enrollment Financial Institution or Account Change

Bank Name _____

Branch (if applicable) _____

City, State Zip _____

Transit/Routing Number _____

Bank Account Number _____

Account Type (check one) Checking Account Savings Account

I, the undersigned, authorize American Acceptance Corp. of SC (AAC) to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the financial institution named above to post these transactions to that account. This authorization will remain in force until AAC receives written notice of cancellation from me. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Signature _____ Date _____

Name (printed) _____ Title _____

Complete this section to **CANCEL** your ACH electronic deposit authorization.

I, the undersigned, hereby cancel the authorization for American Acceptance Corp. of SC (AAC) to originate ACH electronic deposit entries into my checking/savings account. This cancellation is effective as soon as AAC has reasonable time to act upon it.

Signature _____ Date _____

Name (printed) _____ Title _____

Mail the completed form to the address above or email to applications@american-acceptance.com

For AAC use only

Dealer Number _____ Date Received _____