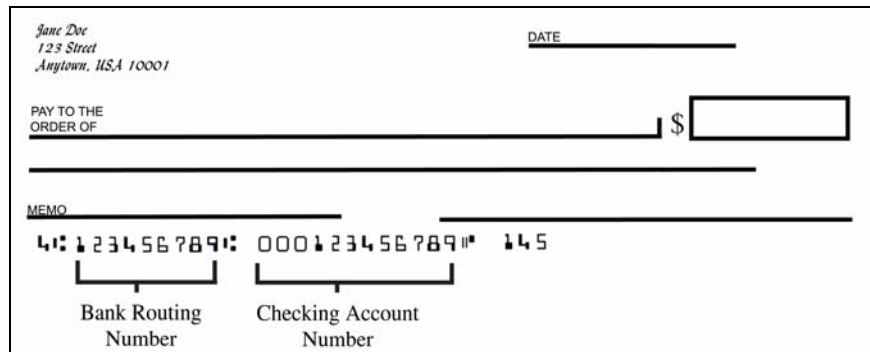


Automatic Payment Plan

Enclosed per your request is an authorization form to join our free automatic payment program. Please take the following easy steps to join:

- 1) Fill out your information in Section 1 of the form. The routing number and account number will be from your check as follows:



The diagram shows a check with the following fields and labels:

- Jane Doe*
123 Street
Anytown, USA 10001
- DATE _____
- PAY TO THE ORDER OF _____ \$
- MEMO _____
- ⑆ 23456789⑆ 000123456789⑆ 145
- Bank Routing Number (under 23456789)
- Checking Account Number (under 000123456789)

- 2) Attach a voided check.
- 3) Date and sign the authorization.
- 4) Return the form to us either by:
 - a) Fax to **Nationwide Nevada LLC** (Accounting Department)
 - b) Mail to:

Nationwide Nevada LLC
1920 E. Sahara Avenue
Las Vegas, NV 89104
Attention: Accounting Department (APP)

We look forward to servicing your account.

**Voluntary Authorization to Participate in
Nationwide's Automatic Payment Program**

- 1) I/We authorize Nationwide to debit the amount of my/our installment payment on its scheduled due date for my/our contract from my/our bank account number listed below. This also authorizes the bank named below to debit such bank account each month until my/our loan is paid or this Agreement is terminated by me/us.

Bank Information	
Bank Name	Branch
City	State/Zip
Routing Number	Checking Acct Number
Please attach a voided check	

- 2) I/We further authorize Nationwide to adjust the amount debited from my/our bank account as provided below:
- a) The amount of the transfer will be within a specified range between \${monthly payment}(monthly payment amount) and \${monthly payment plus late charge if payment is ten (10) days late}(monthly payment plus late charge if payment is ten (10) days late);
 - b) If a transfer falls outside the specified range of amounts in 2(a), Nationwide will give me/us 10 days prior notice of such transfer.
- 3) This authorization shall remain in effect until I/we notify the bank or Nationwide receives written request from me/us by Certified Mail, Return-Receipt Requested to stop or change automatic payments and Nationwide will have a reasonable time (3 business days) before the scheduled date of the transfer to implement the request.
- 4) This authorization is **PURELY VOLUNTARY** and is not a condition to Nationwide's extension of credit to me/us. I/We understand that this plan can be cancelled by me/us at any time.
- 5) I/We acknowledge receipt of a copy of this Authorization.

Print Name	Signature
Last 4 digits of SSN	Date
Street Address	City, State, Zip

For office use only Acct. No.
