

Name on Account Bank Name

Bank City, State, Zip ABA Routing Number

Checking Account Number

10255 W. Higgins Rd, Ste 300, Rosemont, IL 60018 (888) 88-LOANS Fax: (773) 777-7636 www.NationwideLoans.com

Account Number Closer Initials

VOLUNTARY AUTHORIZATION TO PARTICIPATE IN NATIONWIDE'S AUTOMATIC PAYMENT PLAN

I/We authorize Nationwide Loans LLC ("Nationwide") to debit the amount of my/our installment payments on my/our Promissory Note and Security Agreement from my/our checking account listed below. This also authorizes the bank named below to debit my/our bank account each month until my/our account is paid off or this Agreement is terminated by me/us.

Bank Account Information

	Please attach a voided check.		
I/We a	uthorize Nationwide to debit my/our bank accou	unt as provided below:	
1)	payment date falls on a weekend or holiday executed on the next business day. If a page	to correct any erroneous payment transaction. If any I/We understand and agree that the payment may be ayment is rejected by my/our financial institution for any zation), including without limitation insufficient funds, I/we	
2)	If a transfer varies from the amount in 1), Not transfer.	Nationwide will give me/us 10 days prior notice of such	
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. I/We agree to notify Nationwide in writing of any changes in my/our account information at least 3 business days prior to the next due date. I/We will not dispute any scheduled payment provided the transaction corresponds to the terms of this authorization. I/We acknowledge that payment transactions must comply with the provisions of applicable law and the Rules of NACHA (formerly the National Automated Clearing House Association). I/We request the financial institution that holds the account to honor all payments initiated in accordance with this authorization form.		
4)	This authorization is voluntary and is not a I/We understand that this plan can be cancelled	condition to Nationwide's extension of credit to me/us. ed by me/us at any time.	
5)	I/We understand that I/we will receive an a payment, and that I/we should print and keep	acknowledgement of this Authorization prior to the first a copy for my/our records.	
Signature	e of Authorized Account Signer	Account Signer Street Address	
Printed N	lame of Authorized Account Signer	Account Signer City, State, Zip	
Date		SSN (last 4 digits) xxx - xx -	
LOAN/A	UTO PYMT PLAN 9/2018	Office Use Only:	





VOLUNTARY AUTHORIZATION TO PARTICIPATE IN NATIONWIDE'S AUTOMATIC PAYMENT PLAN

I/We authorize Nationwide CAC LLC ("Nationwide") to debit the amount of my/our installment payments on my/our retail installment contract from my/our checking account listed below. This also authorizes the bank named below to debit my/our bank account each month until my/our account is paid off or this Agreement is terminated by me/us.

	Bank Account Information
Name on Account	
Bank Name	
Bank City, State, Zip	
ABA Routing Number	
Checking Account Number	
	Please attach a voided check.
We authorize Nationwide to	debit my/our bank account as provided below:
authorize Nationwide payment date falls o executed on the nex reason (other than te	ansfer will be \$ each month beginning I/We also to initiate transactions to correct any erroneous payment transaction. If any a weekend or holiday, I/We understand and agree that the payment may be business day. If a payment is rejected by my/our financial institution for any mination of this authorization), including without limitation insufficient funds, I/we have may at its discretion attempt to process the payment again.
If a transfer varies fr transfer.	om the amount in 1), Nationwide will give me/us 10 days prior notice of such
from me/us by Certific Nationwide will have implement the requestinformation at least 3 payment provided that payment transact (formerly the National	Il remain in effect until I/we notify the bank or Nationwide receives written requested Mail, Return Receipt Requested, to stop or change automatic payments and reasonable time (3 business days before the scheduled date of the transfer) to the like agree to notify Nationwide in writing of any changes in my/our account business days prior to the next due date. I/We will not dispute any scheduled transaction corresponds to the terms of this authorization. I/We acknowledge ons must comply with the provisions of applicable law and the Rules of NACHA Automated Clearing House Association). I/We request the financial institution to honor all payments initiated in accordance with this authorization form.
	voluntary and is not a condition to Nationwide's extension of credit to me/us. his plan can be cancelled by me/us at any time.
	I/we will receive an acknowledgement of this Authorization prior to the first should print and keep a copy for my/our records.
Signature of Authorized Account Signer	Account Signer Street Address
Printed Name of Authorized Account Signer	Account Signer City, State, Zip
Date	SSN (last 4 digits)
	XXX - XX -
	^^^
	Office Use Only:





VOLUNTARY AUTHORIZATION TO PARTICIPATE IN NATIONWIDE'S AUTOMATIC PAYMENT PLAN

I/We authorize Nationwide Cassel LLC ("Nationwide") to debit the amount of my/our installment payments on my/our retail installment contract from my/our checking account listed below. This also authorizes the bank named below to debit my/our bank account each month until my/our account is paid off or this Agreement is terminated by me/us.

	Bank A	ccount Information
Name on Account		
Bank Name		
Bank City, State, 2	Zip	
ABA Routing Num	ber	
Checking Account	: Number	
	Please a	attach a voided check.
We authorize Nati	onwide to debit my/our bank a	account as provided below:
authorize N payment da executed o reason (oth	lationwide to initiate transact ate falls on a weekend or ho n the next business day. If er than termination of this au	each month beginning I/We also ions to correct any erroneous payment transaction. If any liday, I/We understand and agree that the payment may be a payment is rejected by my/our financial institution for any thorization), including without limitation insufficient funds, I/we cretion attempt to process the payment again.
If a transfe transfer.	r varies from the amount in	1), Nationwide will give me/us 10 days prior notice of such
from me/us Nationwide implement information payment pr that paymen (formerly th	by Certified Mail, Return Re will have a reasonable time (the request. I/We agree to not at least 3 business days price ovided the transaction correspond transactions must comply be National Automated Clearing	ntil I/we notify the bank or Nationwide receives written request ceipt Requested, to stop or change automatic payments and 3 business days before the scheduled date of the transfer) to otify Nationwide in writing of any changes in my/our account or to the next due date. I/We will not dispute any scheduled sponds to the terms of this authorization. I/We acknowledge with the provisions of applicable law and the Rules of NACHAng House Association). I/We request the financial institution nts initiated in accordance with this authorization form.
	ization is voluntary and is r stand that this plan can be car	not a condition to Nationwide's extension of credit to me/us. ncelled by me/us at any time.
		an acknowledgement of this Authorization prior to the first eep a copy for my/our records.
Signature of Authorized Accou	int Signer	Account Signer Street Address
Printed Name of Authorized A	ccount Signer	Account Signer City, State, Zip
Date		SSN (last 4 digits)
		XXX - XX -
		Office Use Only:





VOLUNTARY AUTHORIZATION TO PARTICIPATE IN NATIONWIDE'S AUTOMATIC PAYMENT PLAN

I/We authorize Nationwide Nevada LLC ("Nationwide") to debit the amount of my/our installment payments on my/our retail installment contract from my/our checking account listed below. This also authorizes the bank named below to debit my/our bank account each month until my/our account is paid off or this Agreement is terminated by me/us.

emmated by me/us.	
	Bank Account Information
Name on Account	
Bank Name	
Bank City, State, Zip	
ABA Routing Number	
Checking Account Number	
	Please attach a voided check.
We authorize Nationwide to	lebit my/our bank account as provided below:
authorize Nationwide payment date falls or executed on the next reason (other than te	nsfer will be \$ each month beginning I/We also to initiate transactions to correct any erroneous payment transaction. If any a weekend or holiday, I/We understand and agree that the payment may be business day. If a payment is rejected by my/our financial institution for any nination of this authorization), including without limitation insufficient funds, I/we wide may at its discretion attempt to process the payment again.
If a transfer varies fr transfer.	m the amount in 1), Nationwide will give me/us 10 days prior notice of such
from me/us by Certifi Nationwide will have a simplement the requesting information at least 3 payment provided that payment transact (formerly the National	remain in effect until I/we notify the bank or Nationwide receives written request d Mail, Return Receipt Requested, to stop or change automatic payments and reasonable time (3 business days before the scheduled date of the transfer) to I/We agree to notify Nationwide in writing of any changes in my/our account business days prior to the next due date. I/We will not dispute any scheduled transaction corresponds to the terms of this authorization. I/We acknowledge ons must comply with the provisions of applicable law and the Rules of NACHA Automated Clearing House Association). I/We request the financial institution to honor all payments initiated in accordance with this authorization form.
	coluntary and is not a condition to Nationwide's extension of credit to me/us. his plan can be cancelled by me/us at any time.
,	I/we will receive an acknowledgement of this Authorization prior to the first should print and keep a copy for my/our records.
Signature of Authorized Account Signer	Account Signer Street Address
Printed Name of Authorized Account Signer	Account Signer City, State, Zip
Date	SSN (last 4 digits)
	XXX - XX -
	Office Use Only:



Initials



VOLUNTARY AUTHORIZATION TO PARTICIPATE IN NATIONWIDE'S AUTOMATIC PAYMENT PLAN

I/We authorize Nationwide Northwest LLC ("Nationwide") to debit the amount of my/our installment payments on my/our retail installment contract from my/our checking account listed below. This also authorizes the bank named below to debit my/our bank account each month until my/our account is paid off or this Agreement is terminated by me/us.

	Bank Account Information
Name on Account	
Bank Name	
Bank City, State, Zip	
ABA Routing Number	
Checking Account Number	
	Please attach a voided check.
We authorize Nationwide to	debit my/our bank account as provided below:
authorize Nationwide payment date falls or executed on the neareson (other than to	ransfer will be \$ each month beginning I/We also to initiate transactions to correct any erroneous payment transaction. If any in a weekend or holiday, I/We understand and agree that the payment may be to business day. If a payment is rejected by my/our financial institution for any ermination of this authorization), including without limitation insufficient funds, I/we browide may at its discretion attempt to process the payment again.
If a transfer varies transfer.	rom the amount in 1), Nationwide will give me/us 10 days prior notice of such
from me/us by Certin Nationwide will have implement the requestinformation at least payment provided that payment transaction (formerly the Nation).	all remain in effect until I/we notify the bank or Nationwide receives written requestied Mail, Return Receipt Requested, to stop or change automatic payments and a reasonable time (3 business days before the scheduled date of the transfer) to st. I/We agree to notify Nationwide in writing of any changes in my/our account business days prior to the next due date. I/We will not dispute any scheduled transaction corresponds to the terms of this authorization. I/We acknowledge transaction comply with the provisions of applicable law and the Rules of NACHAIL Automated Clearing House Association). I/We request the financial institution to honor all payments initiated in accordance with this authorization form.
	voluntary and is not a condition to Nationwide's extension of credit to me/us this plan can be cancelled by me/us at any time.
	It I/we will receive an acknowledgement of this Authorization prior to the first ve should print and keep a copy for my/our records.
Signature of Authorized Account Signer	Account Signer Street Address
Printed Name of Authorized Account Signer	Account Signer City, State, Zip
Date	SSN (last 4 digits)
	XXX - XX -
	Office Use Only:





VOLUNTARY AUTHORIZATION TO PARTICIPATE IN NATIONWIDE'S AUTOMATIC PAYMENT PLAN

I/We authorize Nationwide Southeast LLC ("Nationwide") to debit the amount of my/our installment payments on my/our retail installment contract from my/our checking account listed below. This also authorizes the bank named below to debit my/our bank account each month until my/our account is paid off or this Agreement is terminated by me/us.

	Bank Accoun	t Information
Name on Account		
Bank Name		
Bank City, State, Zip		
ABA Routing Number		
Checking Account Number		
	Please attach a	a voided check.
/We authorize Nationwide to	debit my/our bank accoun	t as provided below:
authorize Nationwide payment date falls or executed on the next reason (other than ter	to initiate transactions to a weekend or holiday, I business day. If a payr mination of this authorizat	each month beginning I/We also correct any erroneous payment transaction. If any l/We understand and agree that the payment may be ment is rejected by my/our financial institution for any tion), including without limitation insufficient funds, I/we attempt to process the payment again.
If a transfer varies from transfer.	om the amount in 1), Na	tionwide will give me/us 10 days prior notice of such
from me/us by Certific Nationwide will have a implement the requestinformation at least 3 payment provided that payment transact (formerly the National	ed Mail, Return Receipt Ra reasonable time (3 busing the I/We agree to notify National business days prior to the transaction corresponds ions must comply with the Automated Clearing House	e notify the bank or Nationwide receives written request dequested, to stop or change automatic payments and ness days before the scheduled date of the transfer) to ationwide in writing of any changes in my/our accoun- e next due date. I/We will not dispute any scheduled to the terms of this authorization. I/We acknowledge e provisions of applicable law and the Rules of NACHA use Association). I/We request the financial institution tated in accordance with this authorization form.
	voluntary and is not a chis plan can be cancelled	ondition to Nationwide's extension of credit to me/us by me/us at any time.
	I/we will receive an acke should print and keep a	knowledgement of this Authorization prior to the firs copy for my/our records.
Signature of Authorized Account Signer	A	ccount Signer Street Address
Printed Name of Authorized Account Signer	А	ccount Signer City, State, Zip
Date		SN (last 4 digits)
		XX - XX -

Office Use Only:
Account Number ______
Initials _____

Office Use Only: Account Number

Initials



THIS FORM FOR FLORIDA ONLY

VOLUNTARY AUTHORIZATION TO PARTICIPATE IN NATIONWIDE'S AUTOMATIC PAYMENT PLAN

I/We authorize Nationwide Southeast LLC ("Nationwide") to debit the amount of my/our installment payments on my/our retail installment contract from my/our checking account listed below. This also authorizes the bank named below to debit my/our bank account each month until my/our account is paid off or this Agreement is terminated by me/us.

	Bank Accor	unt Information
Name on Account		
Bank Name		
Bank City, State, Zip		
ABA Routing Number		
Checking Account Number		
	Please attach	n a voided check.
I/We authorize Nationwide to	debit my/our bank accou	unt as provided below:
authorize Nationwide payment date falls or executed on the next reason (other than ter	to initiate transactions a weekend or holiday business day. If a pamination of this authorization	each month beginning I/We also to correct any erroneous payment transaction. If any, I/We understand and agree that the payment may be yment is rejected by my/our financial institution for any cation), including without limitation insufficient funds, I/we on attempt to process the payment again.
If a transfer varies fro transfer.	om the amount in 1), N	lationwide will give me/us 10 days prior notice of such
3) This authorization shall remain in effect until I/we notify the bank or Nationwide receives written reques 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. I/We agree to notify Nationwide in writing of any changes in my/our account information at least 3 business days prior to the next due date. I/We will not dispute any scheduled payment provided the transaction corresponds to the terms of this authorization. I/We acknowledge that payment transactions must comply with the provisions of applicable law and the Rules of NACH/ (formerly the National Automated Clearing House Association). I/We request the financial institution that holds the account to honor all payments initiated in accordance with this authorization form.		
•	voluntary and is not a his plan can be cancelle	condition to Nationwide's extension of credit to me/us. od by me/us at any time.
		cknowledgement of this Authorization prior to the first a copy for my/our records.
Signature of Authorized Account Signer		Account Signer Street Address
Printed Name of Authorized Account Signer		Account Signer City, State, Zip
Date		SSN (last 4 digits)
		XXX - XX -
		1 2001 101



Initials



VOLUNTARY AUTHORIZATION TO PARTICIPATE IN NATIONWIDE'S AUTOMATIC PAYMENT PLAN

I/We authorize Nationwide West LLC ("Nationwide") to debit the amount of my/our installment payments on my/our retail installment contract from my/our checking account listed below. This also authorizes the bank named below to debit my/our bank account each month until my/our account is paid off or this Agreement is terminated by me/us.

eminated by me/us.	
	Bank Account Information
Name on Account	
Bank Name	
Bank City, State, Zip	
ABA Routing Number	
Checking Account Number	
	Please attach a voided check.
We authorize Nationwide to	debit my/our bank account as provided below:
authorize Nationwide payment date falls o executed on the nex reason (other than te	ransfer will be \$ each month beginning I/We also to initiate transactions to correct any erroneous payment transaction. If any n a weekend or holiday, I/We understand and agree that the payment may be to business day. If a payment is rejected by my/our financial institution for any rmination of this authorization), including without limitation insufficient funds, I/we nwide may at its discretion attempt to process the payment again.
If a transfer varies fransfer.	om the amount in 1), Nationwide will give me/us 10 days prior notice of such
from me/us by Certific Nationwide will have implement the requestinformation at least 3 payment provided that payment transact (formerly the National	all remain in effect until I/we notify the bank or Nationwide receives written request ted Mail, Return Receipt Requested, to stop or change automatic payments and a reasonable time (3 business days before the scheduled date of the transfer) to st. I/We agree to notify Nationwide in writing of any changes in my/our account business days prior to the next due date. I/We will not dispute any scheduled transaction corresponds to the terms of this authorization. I/We acknowledge tions must comply with the provisions of applicable law and the Rules of NACHA Automated Clearing House Association). I/We request the financial institution to honor all payments initiated in accordance with this authorization form.
	voluntary and is not a condition to Nationwide's extension of credit to me/us. this plan can be cancelled by me/us at any time.
,	t I/we will receive an acknowledgement of this Authorization prior to the first re should print and keep a copy for my/our records.
Signature of Authorized Account Signer	Account Signer Street Address
Printed Name of Authorized Account Signer	Account Signer City, State, Zip
Date	SSN (last 4 digits)
	XXX - XX -
	Office Use Only: