



VOLUNTARY AUTHORIZATION TO PARTICIPATE IN NIKO CREDIT SERVICES LLC'S AUTOMATIC PAYMENT PLAN

I/We authorize NIKO Credit Services LLC ("NIKO") 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 or printout from bank including name on account, and routing and account numbers.	

I/We authorize NIKO to debit my/our bank account as provided below:

- 1) The amount of the transfer will be \$_____ each month beginning _____. I/We also authorize NIKO to initiate transactions to correct any erroneous payment transaction. If any payment date falls on a weekend or holiday, I/We understand and agree that the payment may be executed on the next business day. If a payment is rejected by my/our financial institution for any reason (other than termination of this authorization), including without limitation insufficient funds, I/we understand that NIKO may at its discretion attempt to process the payment again.
- 2) If a transfer varies from the amount in 1), NIKO 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 NIKO receives written request from me/us by Certified Mail, Return Receipt Requested, to stop or change automatic payments and NIKO will have a reasonable time (3 business days before the scheduled date of the transfer) to implement the request. I/We agree to notify NIKO 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 attempt to revoke this payment authorization except as provided herein. 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**. I/We understand that this plan can be cancelled by me/us at any time consistent with the terms of paragraph 3 above.
- 5) I/We understand that I/we will receive an acknowledgement of this Authorization prior to the first payment, and that I/we 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: Account Number _____ Initials _____
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