



890 N. State Street, Suite 100, Elgin, IL 60123  
(773) 205-4000 Fax: (773) 777-4814  
www.NationwideLoans.com

## VOLUNTARY AUTHORIZATION TO PARTICIPATE IN NIKO'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)<br>XXX - XX - |

Office Use Only:  
Account Number \_\_\_\_\_  
Closer Initials \_\_\_\_\_