



**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 loan 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.	

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

- 1) The amount of the transfer will be \$_____ each month beginning _____. I/We also authorize Nationwide 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 Nationwide may at its discretion attempt to process the payment again.
- 2) If a transfer varies from the amount in 1), 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. 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 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 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 _____ Closer Initials _____

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 loan 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.	

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

- 1) The amount of the transfer will be \$_____ each month beginning _____. I/We also authorize Nationwide 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 Nationwide may at its discretion attempt to process the payment again.
- 2) If a transfer varies from the amount in 1), 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. 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 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 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 _____
 Closer Initials _____

**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 loan 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.	

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

- 1) The amount of the transfer will be \$_____ each month beginning _____. I/We also authorize Nationwide 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 Nationwide may at its discretion attempt to process the payment again.
- 2) If a transfer varies from the amount in 1), 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. 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 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 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 _____
 Closer Initials _____

**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 loan 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.	

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

- 1) The amount of the transfer will be \$_____ each month beginning _____. I/We also authorize Nationwide 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 Nationwide may at its discretion attempt to process the payment again.
- 2) If a transfer varies from the amount in 1), 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. 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 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 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 _____
 Closer 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 loan 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.	

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

- 1) The amount of the transfer will be \$_____ each month beginning _____. I/We also authorize Nationwide 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 Nationwide may at its discretion attempt to process the payment again.
- 2) If a transfer varies from the amount in 1), 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. 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 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 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 _____
 Closer Initials _____

**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 loan 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 loan 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.	

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

- 1) The amount of the transfer will be \$_____ each month beginning _____. I/We also authorize Nationwide 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 Nationwide may at its discretion attempt to process the payment again.
- 2) If a transfer varies from the amount in 1), 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. I/We agree to notify the business 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 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 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 _____
 Closer 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 loan 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.	

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

- 1) The amount of the transfer will be \$_____ each month beginning _____. I/We also authorize Nationwide 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 Nationwide may at its discretion attempt to process the payment again.
- 2) If a transfer varies from the amount in 1), 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. 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 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 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 _____
 Closer Initials _____