



Cheyenne Wyoming

Phone: 800.261.2212

Fax: 231.225.0424

E-mail:

Service@AmericanMoneyServices.com

ACH/DRAFT AUTHORIZATION

With direct payment you will:

- Create a permanent payment record
- Avoid lost checks
- Prevent mail fraud

Complete this form and return along with a voided check.

Fax to 231.225.0424 or scan and Email to Service@AmericanMoneyServices.com

Customer Name _____

Email address _____

Bank Name _____

Bank Location (City/State) _____

Bank Account Number _____

Bank Routing Number _____

Begin withdrawals on ____ / ____ / ____ and continue monthly until paid in full.

Initial Amount of payment to be withdrawn \$ _____

Monthly scheduled withdrawal day _____

Please Select One: Checking Account _____ Savings Account _____

This form must be received 10 days prior to first use. Please be sure you have sufficient collected funds deposited in your selected account at least two days prior to the scheduled payment date. The fee for returned items is \$35.00 per occurrence. **Returned item fees will be added to your next withdrawal.**

The undersigned authorize American Money to take payments electronically from the account referenced above. I understand if the above date is on a weekend or holiday, the payment will be posted the next business day. In the event a payment is not honored by my financial institution I authorize American Money to repeat attempts to draw the funds, with late charges and applicable fees added, on up to two additional occasions per month without additional authorization.

Signature _____ Date _____

Signature _____ Date _____

Feel free to contact our servicing staff with any questions at 1-866-598-6343.

Thank you for choosing American Money for your contract servicing needs.

IF YOU SELECTED A CHECKING ACCOUNT ABOVE PLEASE ATTACH A COPY OF YOUR VOIDED CHECK TO THIS FORM.