

Authorization for Debit Card Payment

Lender (Name and Address): Zeus Financial
P.O BOX 200607
Austin TX 78720 Phone: (512) 212-1250

Your Account Number / Loan Number: _____ -- _____

Buyer's Name

Co-Buyer's Name

Type of Credit Card (mark one): Visa _____ MC _____ AMEX _____ Discover _____

Cardholder Name

Bank Name (if applicable)

Card Number

Expiration Date

Security Code

Zip Code

Payment Schedule:

Payment Amount will be based on your current payment schedule.

Regular Car Payment Amount: \$ _____ **Auto Insurance - CPI:** \$ _____

Total Car Payment: \$ _____

Payment Frequency: _____

Payment to Zeus Financial's Account:

By signing below, you authorize Zeus Financial to make debit entries in the form of credit / debit card payments to Zeus's Account in accordance with your Payment Schedule. You understand that each transaction with the authorized card has an extra processing fee of \$4.95 that will be charged at the moment of the transaction.

Your payment will be made automatically from your designated account. If your due date falls on a weekend or holiday, your payment will be deducted on the next business day after your payment due date.

If a charge has been initially declined, you authorize Zeus Financial to attempt to re-charge the card at a later date if he so desired. You may cancel this authorization by sending written notice to Zeus Financial at the Lender's address above, or via email to customerservice@zeusfinancialservices.com or by completing a new copy of this form. Lender must be notified of cancellation at least 10 days prior to the payment due date or payoff of the contract.

For inquiries about credit / debit card transactions or your account with us, please call (512) 212-1250. You acknowledge that you received a copy of this authorization when you signed it.

X _____
Customer Signature (Date)

X _____
Customer Signature (Date)

Keep a copy of this Authorization for Your Records