

RECURRING ACH PAYMENTS AUTHORIZATION

Please use this form to authorize Zeus Financial Services, LLC to debit your bank account for recurring payments as set forth in the Motor Vehicle Retail Installment Sales Contract.

CUSTOMER INFORMATION:

Buyer's Name:	
Co-Buyer's Name:	
Loan Number:	

By signing this document, I (we) voluntarily request and authorize Zeus Financial Services, LLC (hereinafter called Zeus Financial), to pay my auto loan by charging each payment to the bank account specified below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

BANK ACCOUNT INFORMATION:

Bank Name:	
Account Type: (Check Only One)	<input type="checkbox"/> - Checking <input type="checkbox"/> - Savings
Name on the Account:	
Routing Number:	
Account Number:	
Account Code: (Check Only One)	<input type="checkbox"/> - Personal <input type="checkbox"/> - Business
Amount:	\$
Frequency:	

- * I understand that this authorization will remain in effect until I provide a cancelation request in writing to Zeus Financial, to terminate this authorization.
- * I agree to notify Zeus Financial at least 3 business days prior to my next car payment of any changes in my account information, if a payment needs to be stopped, or the termination of my bank account to avoid additional fees for any returned payments.
- * If any payment date falls on a weekend or holiday, I understand that the payments may be executed or cleared from my bank account on the next business day.
- * **I understand that all fees are Non-Refundable. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), I understand that Zeus Financial will add a \$20.00 fee for returned payments to my account, which will be added as a separate item and must be paid in full along with the past due.**
- * **In the case of an ACH transaction being rejected, I understand that I must complete that past due payment in addition to the NSF Fee of \$20.00 in any other way, differently from an ACH transaction. This payment can be made in cash, over the phone or by any electronic means such as the Mobile Wallet, Zeus Financial website, IVR System or Text Message. I understand that payments with a Debit Card have a processing fee of \$3.99.**
- * I understand that after three (3) consecutive returned transactions, my enrollment in the ACH program will be automatically canceled by Zeus Financial Services.
- * I certify that I am an authorized user of this Bank Account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.
- * I understand that the amount initially set on this form might be subject to changes if Zeus Financial is forced to purchase Collateral Protection Insurance to protect the vehicle. I understand that at that point, I will be responsible for paying the premium for this insurance based on the payment frequency of the Retail Installment Contract -\$75 Biweekly, \$77.50 Semi-Monthly, \$155 Monthly-. I authorize Zeus Financial to debit this additional charge with the Bank account I authorize in this form.

Please attach a copy of a VOIDED CHECK along with this form.

Authorized and Agreed:

Account Holder (signature)

Date

Account Holder (printed name)

