



DIRECT DEBIT ENROLLMENT INSTRUCTIONS

To enroll in the **CitiFinancial Auto Direct Debit Plan**, follow these steps as you complete this Enrollment Authorization Form.

- 1. Print your name and account number, as shown on your monthly statement.
- 2. Record your bank, savings & loan, or credit union name and address.
- 3. Record your bank Routing number and Bank Account number.
- 4. Indicate whether your account with the bank indicated above is a checking or a savings account.
- 5. Sign and date the Authorization Form.

If the bank account is in a name other than yours, complete steps 6 and 7. Otherwise, go to step 8.

- 6. Print the bank account owner's name on the line labeled "Bank Account Name."
- 7. The Bank Account Owner must sign and date the Authorization Form.
- 8. Attach a voided check from your account to the completed Authorization Form. For savings accounts, please attach a letter from your financial institution on their letterhead providing the routing number and savings account number.
- 9. Return the completed Authorization Form and your sample check by mail or fax to:

Mailing Address: **CitiFinancial Auto**
PO BOX 6277
Sioux Falls, SD 57117

Fax Number: 888-288-9003

- 10. Please keep a copy of your Enrollment Authorization for your records.

ENROLLMENT AUTHORIZATION

I/We hereby request and authorize CitiFinancial Auto to make withdrawals, by electronic funds transfer or otherwise, from the account identified below. This authority extends to the schedule of periodic payments and other amounts due CitiFinancial Auto, as described in my account documents with CitiFinancial Auto. I/We may cancel this authorization by providing CitiFinancial Auto written notice to the address provided on the previous page, and such notice shall be effective ten (10) business days after receipt. I / We may also cancel by calling CitiFinancial Auto up to five (5) business days prior to my / our due date. **Customer Service: 1-800-486-1750.**

Customer Name: _____

CitiFinancial Auto Account Number: _____

Name of Financial Institution: _____

Financial Institution Address: _____

Routing (ABA) Number (9 Digits): _____
Please see example on page 2.

Personal Account Number: _____
Please see example on page 2.

Type of Account: Checking Account Savings Account

For checking accounts, attach a voided check to this form. For savings accounts, contact your Financial Institution and request a letter on their letterhead providing their routing number and your savings account number.

Complete the following if the account is in a name other than yours, or in a name in addition to yours:

Bank Account Name: _____

Signature: _____ Date: _____

