

Source One Financial Corporation
150 Grossman Drive, Ste. 400
Braintree, MA 02184
(O) +1.781.871.6433
(F) +1.781.871.7015



PAYMENT DIRECTION AND AUTHORIZATION

Payment Information (to be filled out by Source One Financial Corporation):

Weekly Payment Amount: \$ _____ First Loan Payment Date: ____/____/____

I recognize that I am entitled to notification of any variation from the regular payments authorized herein by receiving from Source One Financial Corporation (hereinafter, "S1") notice in writing, ten (10) days prior to a payment, detailing when it will be made and how much it will be. However, I choose instead to receive such notice only when a payment would differ by more than four (4) times the amount of any regular payment. I am aware that I may stop any of these payments by notifying my financial institution listed below orally or in writing at any time up to three (3) business days prior to the scheduled date of payment. I acknowledge that my financial institution may require written confirmation to be provided to it within 14 days of an oral notification by me. I agree to notify S1 of any request by me to stop any of these payments. I understand that my stopping a payment previously authorized by me herein does not relieve me of liability for such payment.

AUTOMATIC CREDIT CARD PAYMENT AUTHORIZATION

Cardholder Name (must be Buyer or Co-Buyer): _____
Billing Address: _____ City: _____ State: _____ ZIP: _____
Type of Card: _____ American Express _____ Discover _____ Mastercard _____ Visa
Credit Card #: _____
CVV Code from back of the card (front for AMEX): _____ Expiration Date: ____/____/____

I hereby authorize Source One Financial Corporation to initiate weekly automatic payments from my Credit Card account in the amount described above. I acknowledge I am authorized to initiate transactions to my Credit Card account described above without obtaining anyone else's approval, consent, or signature. I also acknowledge receipt of a complete copy of this authorization. If the above-described card is a Debit Card, I acknowledge that I voluntarily elect to use it and that the use of a Debit Card is not a condition of sale of any vehicle by installments or the extension of any credit.

OPTIONAL ACH – AUTO PAY PROGRAM

CONTRACT #: _____

As an alternative to automatic payment by Credit Card, I elect to enroll in S1's Optional ACH Auto Pay Program.

Name on Account: _____
Bank Name: _____
Bank Address: _____ Bank Phone: _____
Bank ABA Routing Number: _____
Checking Account Number (Attach Voided Check): _____
Savings Account Number (Attach Deposit Slip): _____ Verified (ABA/Acct) by: _____

I hereby authorize Source One Financial Corporation to electronically withdraw funds from my (check one) _____ Checking or _____ Savings account in accordance with the withdrawal information set forth above. I further authorize a regular payment hereunder to be increased in order to pay all amounts due under my Retail Installment Sale Contract at the time such payments, including any amounts accrued during the activation of the Automated Clearing House collection process, any past-due amounts, any late fees, any deferral charges, and any interest charges. I UNDERSTAND THAT THE ACH AUTO PAY PROGRAM IS PURELY VOLUNTARY AND IS NOT A CONDITION OF SALE OF ANY VEHICLE BY INSTALLMENTS OR THE EXTENSION OF ANY CREDIT. In the event an ACH payment is returned, a fee (amount authorized on the Retail Installment Sale Contract) may be charged for dishonored payment. I hereby acknowledge receipt of a completed copy of this authorization.

Customer's Signature: _____ Date: ____/____/____

By signing above, I authorize Source One Financial Corporation to verify my account number, routing number, and the authorized signer(s) on this account.