AUTOMATIC PAYMENT AUTHORIZATION

In the following text, the words “I” and “my” means the Buyer. The words “we” and “our” means the Buyer and Co-buyer.

By signing below, I (we) hereby request and authorize Preferred Credit, Inc. (PCI) to initiate entries to debit my (our) account, as described, with the attached **VOIDED CHECK**. This authority is to remain in full force and effect until PCI is paid in full, or PCI and Bank/Financial Institution have received written notification from me of its termination at such time and in such a manner as to afford PCI and Bank/Financial Institution a reasonable opportunity to act on it. In addition to the Payment Amount, I (we) request and authorize PCI to initiate entries to debit my (our) account to collect any incidental fees or charges that may be due on the contract following maturity, as permitted by applicable law.

Sign authorization, complete below and attach voided check or savings slip

CHECKING ☐ **SAVINGS ☐**

_____

(Financial Institution’s Name)

(9 Digit Routing Number)

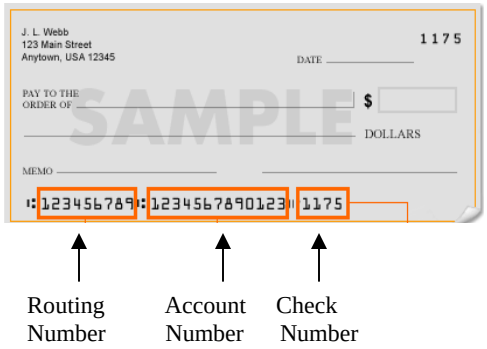
_____

(Checking or Savings Account Number)

X_____

(Sign Here)

Payment Amount	Beginning Month



(Your payment will be deducted on your scheduled due date. Refer to your PCI contract/agreement.)

Attach voided check or savings deposit slip

First and Last Name: _____

PCI Account #: _____

Home Phone #: _____

Home Address: _____

_____

Contact Our Customer Service Department Today!

Phone: 1-800-972-0825

Email: service@preferredcredit.com

Fax: 1-320-202-7011

Mail : PO Box 1970
St. Cloud, MN 56302