

NCFC**AUTO FINANCING****NEW CITY****FUNDING CORP.**

146 South Liberty Drive (Unit 11B)

P.O. Box 121

Stony Point, N.Y. 10980

PH#: 845-942-0020 * Fax#:845-942-2810

Direct Payment Authorization Form: Fixed Payments

We are pleased to offer you a new service, the Direct Payment Plan. Now you can have your payment deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

Here's how the Direct Payment

Plan works:

You authorize regulary scheduled payments to be made from your checking or savings account. Then just sit back and relax. Your payments will be made automatically on the specified day. And proof of payment will appear on your statement.

All you need to do is:

1) Mark the box before type of account, to indicate whether your payment will be deducted from your checking or savings account.
 2) Fill in your name, financial institution name and location, and date.

The Direct Payment Plan will help help you in several ways:

- * It saves time, fewer checks to write and mail.
- * Helps pay your bills in a convenient and timely manner, even if you're on vacation or out of town.
- * Your payment is always on time it helps maintain good credit.
- * It saves postage, many people spend close to \$100 a year on postage.

payment will appear on your statement.

The authority you give to charge your account will remain in effect until you notify us, in writing, to terminate the authorization. If the amount of your payment changes we will notify you 10 (ten) days before paymnet date. To take advantage of this service complete the attached authorization form and return it to us.

3) Attach a voided check for verification of all financial institute information.

If you are unable to attach the voided check, please fill in your account number and routing number.

To take advantage of this service complete the attached authorization form and return it to us.

Be sure to attach a copy of VOIDED CHECK !!!
Be sure to sign the form!

Please complete the information below and include a copy of your voided check

Name (Please Print): _____

Phone #: _____

I, _____ authorize New City Funding Corp. to initiate electric debit entries to my: _____ checking account (or) _____ savings account.

For payment of my Auto loan with New City Funding Corp: I acknowledge that the origination of ACH transactions to my account must comply with U.S. law. This authority will remain in effect until I have cancelled it in writing.

I would like you to start automatic debits as of _____. Please withdraw \$ _____ on the _____ of every month.

FINANCIAL INSTITUTION NAME (PLEASE PRINT): _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION: _____

FINANCIAL INSTITUTION ROUTING NUMBER: _____

FINANCIAL INSTITUTION CITY AND STATE: _____

SIGNATURE: _____ DATE: _____

EMAIL: _____

As of January 1, 2013, an email address is required to process all direct authorization transactions. Please mail the completed form to: New City Funding, PO Box 121, Stony Point, NY 10980 or fax the completed form to (845) 942-3914. Please remember to include a copy of your voided check.