

DIRECT PAYMENT AUTHORIZATION FORM: FIXED PAYMENTS

We are pleased to offer a new service, the Direct Payment Plan. Now you can have your payment deducted automatically from your checking or saving account. You will not have to change your present banking relationship to take advantage of this service.

Here how the Direct payment plan works: You authorize regularly schedule payments to be made from your checking or saving account. Then just sit back and relax. Your payments will be taken out automatically on a specific day. Proof of 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 changes we will notify you 10 days in advance of payment schedule date. To take advantage of this service complete the attach authorization form and return to us.

- 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 saving account.
 2. Fill in your name, financial institution name, location and date.
 3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

The Direct Payment Plan will help you in several ways

- ★ It saves time, fewer checks to write and emails
- ★ Helps pay your bills in a convenient and timely manner, even if you're on vacations out 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

BE SURE TO ATTACH A COPY OF VOIDED CHECK!!!
BE SURE TO SIGN 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 canceled it in writing.

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

FINANCIAL INSTITUTION NAME (PLEASE PRINT):

ACCOUNT NUMBER AT FINANCIAL INSTITUTION:

FINANCIAL INSTITUTION ROUTING NUMBER :

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) 942-2810. Please remember to include copy of your voided check.