

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 the 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 the 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

Month to start

Payment amount

First and last name

PCI account number

Home phone number

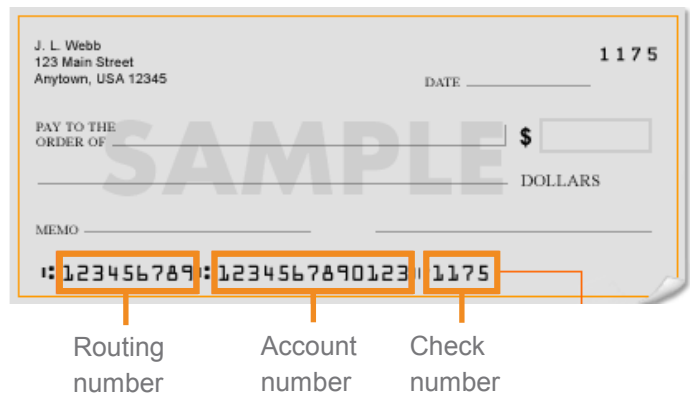
Home address

Name of bank/financial institution

□ □ □ □ □ □ □ □ □ □
Nine-digit routing number

Checking or savings account number

Signature



Contact our Customer Service Department for more information.

Phone: (800) 972-0825

Fax: (320) 202-7011

Email: service@preferredcredit.com

Mail: PO Box 1970, St. Cloud, MN, 56301