

Authorization for Electronic Funds Transfer

Contract Number: _____

Greater Access Financial, LLC.

**1766 W. San Carlos St
San Jose, CA 95128
Phone: 408-282-9931
Hours: 10:00am-6:00pm**

Buyer's Name

Co-Buyer's Name

Type of account (mark one): Checking _____ Savings Account _____

Bank Name

Bank Telephone Number

Routing Number

Account Number

Primary Account Holder

Joint Account Holder

Payment Schedule (as checked):

Payment Amount: \$ _____

<input type="checkbox"/> Single Payment on _____	<input type="checkbox"/> Weekly beginning _____
<input type="checkbox"/> Single Payment on _____	<input type="checkbox"/> Bi-Weekly beginning _____
<input type="checkbox"/> Single Payment on _____	<input type="checkbox"/> Semi-Monthly beginning _____
<input type="checkbox"/> Single Payment on _____	<input type="checkbox"/> Monthly beginning _____
<input type="checkbox"/> Single Payment on _____	<input type="checkbox"/> Other _____

By signing below, you authorize **Greater Access Financial, LLC.** to make debit entries in the form of ACH transfers or other automatic transfers in accordance with the Payment Schedule. You acknowledge that the origination of ACH transactions to your account must comply with the provisions of U.S. Law and the Rules of the National Automated Clearing House Association.

Your payment will be made automatically from your designated account. If your due date falls on a weekend or holiday, your payment will be deducted on the last business day before your payment due date.

If there are insufficient funds in your account, **Greater Access Financial, LLC.** may debit your account for the payment when sufficient funds are available. You may cancel this authorization by sending written notice to **Greater Access Financial, LLC.** at the address above, or by completing a new copy of this form. **Greater Access Financial, LLC.** must be notified of cancellation at least 10 days prior to the payment due date or payoff of the contract.

You acknowledge that you received a copy of this authorization when you signed it.

X _____
Customer Signature (Date)

X _____
Customer Signature (Date)

Attach a Voided Check or Deposit Slip to This Form

Keep a copy of this Authorization for Your Records