GOOD to U
Auto Center, LLC
www.goodtou.com · (717) 859-2800

550A S. 7th Street
Akron, PA 17501

881 W. Main Street
New Holland, PA 17557

Automatic Withdraw Authorization

Account Information: ☐ Checking ☐ Savings

Name on Account: _____

Account Number: _____

Name of Bank: _____

Amount of payments (term): _____ Payment amount: _____

Start date: _____/_____/_____ ☐ Bi-weekly ☐ Monthly

I, _____ (printed name), authorize Good To U Auto Center, LLC to automatically withdraw my vehicle payments from my account listed above (or attached). By signing below, I acknowledge that the payments that I have agreed to in my loan contract will be withdrawn on the specified dates. I understand that nothing has changed with the loan contract, and this is only a way for me to make my payments. If there are not sufficient funds in my account, there will be a bounced check fee and the normal payment will still be due. <u>If for any reason I need my payment from this account to stop or change at any time I understand that there will be a $5 fee.</u>

Signature _____ Date: _____

This form must be completed and saved by the named owner of the checking account. We will also need a voided check for this account in order to start the automatic payments.