

## Automatic Debit and Credit Authorization Form

Complete this form to allow Crèdito Real USA Finance, LLC hereunder referred to as (“CRUSAFIN”), sometimes doing business as AFS Acceptance, LLC, to withdraw funds from your designated credit or debit card to make your monthly account payments.

I (we) hereby authorize CRUSAFIN to initiate withdraw entries and make adjustments for any entries in error to my (our) credit card indicated below on the \_\_\_\_\_ day of each month. I understand that if my card is declined CRUSAFIN will continue to run the authorized payment request daily until funds are available and the payment has been posted to my (our) account including late charges if applicable.

This authority is to remain in full force and effect until CRUSAFIN has received notification from me (or either of us) of its termination in such time and in such manner as to afford CRUSAFIN a reasonable opportunity to act on it.

My first payment of \$  will be debited on \_\_\_ / \_\_\_ / \_\_\_, and each payment thereafter will be debited on the \_\_\_\_\_ day of each month. I understand that there will be an additional \$4.95 processing fee per payment.

Credit Card CVV Security Code

Please Select One:

Credit Card:   • Visa   • MasterCard

or

Debit Card:   • Visa   • MasterCard



Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_ / \_\_\_ Security Code (CVV): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Cardholder’s Signature (if different from customer): \_\_\_\_\_

Customer Name: \_\_\_\_\_ Co-Buyer Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please include a front and back copy of the credit or debit card to be used\***