

AUTO PAY AUTHORIZATION AGREEMENT

STEP 1: Please read and complete this Authorization Agreement

By signing this Authorization Agreement, I authorize American Credit Acceptance, LLC ("ACA") to initiate recurring electronic debit entries in the amount listed below ("Payment Amount") from my account at the financial institution named below ("Bank") on the dates described below, and to apply such funds as payments on my motor vehicle retail installment contract ("Contract") with ACA. In addition, by signing this Authorization Agreement, I understand and agree to the following:

- The Payment Amount listed below does not include any late fees, NSF fees, or other amounts which may become due under my Contract. I authorize ACA to initiate debit entries for amounts including both the Payment Amount and any applicable fees pursuant to the terms of my Contract.
- If I do not indicate a day of the month for the Payment Amount to be debited from my bank account, the payment date will be the monthly payment due date set forth in my Contract, or as modified by an approved Due Date Change Request Form.
- If any payment date falls on a weekend or Federal banking holiday such that ACA is unable to process the debit entry, my payment will be posted to my account with ACA on the next business day.
- If ACA becomes aware of any erroneous debit entries, ACA will initiate transactions to correct the errors.
- If any debit entry is dishonored or returned unpaid by my Bank for any reason, I authorize ACA to resubmit the debit entry up to two additional times within the next 30 days, and I acknowledge that ACA may charge a return item fee and/or late charge to my ACA account, to the extent allowed by law and/or my Contract. I also acknowledge that my Bank may impose its own additional fees according to my account agreement with my Bank.
- If my bank account information changes at any time, I shall immediately notify ACA of such change.
- The origination of ACH transactions (debit entries) to my account must comply with and will be governed by the provisions of applicable law(s) and rules of the National Automated Clearing House.
- ACA's authority to draft the automatic payments will remain in full force and effect until one of the following occurs:
 1. I provide ACA notice to the address below 7 days prior to the original scheduled payment date of my wish to change the scheduled payment date, such as by submitting a Due Date Change Request Form;
 2. I provide written notice to ACA at the address below of my intent to revoke this Authorization no less than 7 business days prior to the next scheduled withdrawal date;
 3. I am notified by ACA of its intent to discontinue receiving payment from me in this manner for any reason; or
 4. All amounts owed to ACA under my Contract are paid in full.
- I understand that this Authorization is PURELY VOLUNTARY and is not a condition to ACA's extension of credit. I agree not to dispute any debit entry made in accordance with the terms of this Authorization Agreement.

Borrower Name: _____ Co-Borrower Name: _____

Borrower Signature: _____ Co-Borrower Signature: _____

Address: _____ ACA Account #: _____

City/State/Zip: _____ Phone: _____ Date: _____

Anyone else whose signature is required to withdraw funds from this checking/savings account must sign below:

Name: _____ Signature: _____

STEP 2: Please complete the Auto Pay Enrollment Information

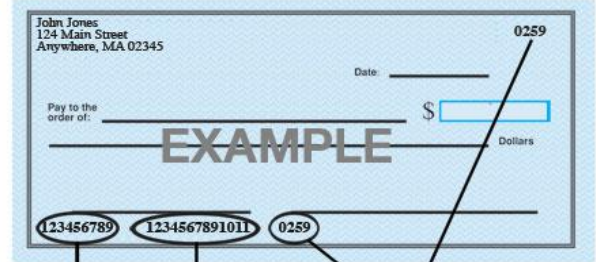
Bank Account Number: _____

Bank Routing Number: _____

Bank Name: _____

Bank Address: _____

Bank Phone Number: _____



Day of the Month to Debit Account: _____

Payment Start Date: _____

Payment Amount: _____

Type of Account:

- Checking (A voided check must be attached to this form for authorization)
- Savings (A voided withdrawal slip must be attached to this form for authorization)

STEP 3: Please submit completed form and documentation to:

American Credit Acceptance
Attn: Auto Pay
961 East Main Street
Spartanburg, SC 29302

For security purposes, ACA asks that you only return this agreement via mail. If you wish to enroll online or initiate credit card/debit card payments, please visit ACA's online portal at <https://aca.aboutmyloan.com/Login.aspx> to set up your payments. If you have any questions or need assistance, please contact us at (866) 544-3430.