



www.goodtou.com · (717) 859-2800

550A S 7th St
Akron, PA 17501

Automatic Withdraw Authorization

Name on Account: _____ Phone # _____

Address: _____

Email: _____

Credit Card Information: _____ CVC# _____ Exp: ____/____

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

Start Date: ____/____/____ Bi-Weekly Monthly

I, _____ (print name), authorize Good To U Auto Center, LLC to automatically withdraw my vehicle payments from my account listed above. By signing below, I acknowledge that the payments that I have agreed to in my loan contract will be withdrawn on the specified dates.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 for any reason I need my payment from this account to stop at any time I understand that there will be a \$5 fee.

Signature _____

Date: _____

This form must be completed by the named owner of the credit card.