



www.goodtou.com • (717) 859-2800

550A S 7th St
Akron, PA 17501

Automatic Withdraw Authorization

Account Information:	Credit Card	Checking	Savings
Name on Account:	_____		
Account Number:	_____	Routing Number:	_____
Credit Card Information:	_____	CVC#	_____ Exp: ____/____
Name of Bank:	_____		
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 (or attached). By signing below, I acknowledge that the payments that I have agreed to in my loan contact will be withdrawn on the specified dates.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. 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 and saved by the named owner of the checking/savings account. We will also need a voided check for this account in order to start the automatic payments.