

# ***Palisades Funding Corp.***

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## **AUTOMATIC CHECKING/SAVINGS ACCOUNT WITHDRAWAL AUTHORIZATION FORM**

*PO Box 255  
Montville, NJ 07045  
Tel: 973-334-9870  
Fax: 973-334-9945*

I/We hereby agree to allow Palisades Funding Corp. to automatically withdraw funds from my checking/savings account in accordance with the payment intervals and amount stated in the retail installment contract dated \_\_\_\_\_.

I/We have provided to Palisades Funding Corp. all of the necessary information including a voided check from my bank account, if applicable, where the funds will be withdrawn. It is understood that Palisades Funding Corp. will only withdraw funds as it pertains to the retail installment contract.

\$ \_\_\_\_\_  
Withdrawal Amount

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Bank Name

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Bank Address

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Bank City, State

\_\_\_\_ Savings account \_\_\_\_ Checking account

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Name on Bank Account

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Bank Account Number

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Bank Routing Number

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Customer Signature

Date

## **Attach Copy of Voided Check**