

Palisades Funding Corp.

AUTOMATIC CREDIT and/or DEBIT CARD PAYMENT 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 process payments using my/our credit and/or debit card information being furnished on this form. I/We hereby agree to allow these payments to be processed 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 photocopy of the credit/debit card which is to be charged. It is understood that Palisades Funding Corp. will only process credit/debit card transactions as pertaining to this retail installment contract.

I/We further understand that there is a \$20 convenience fee for this type of transaction for amounts up to \$999.00 and a \$30 convenience fee for transactions in excess of \$999.00.

\$ _____
Payment Amount Loan Number

____ Credit Card ____ Debit Card

____ MasterCard ____ Visa ____ American Express ____ Discover

Name as it appears on card

Credit Card Number

_____ Expiration Date _____ Security Code

_____ Billing Zip Code ____ Payment Interval (M/W/B)

I hereby authorize Palisades Funding Corp to process the payment for my loan as indicated above.

Customer Signature

Date

Print Name of Customer

Address of Customer

City, State and Zip code of Customer