

## Automatic Payment Agreement

Year	Make/Model	Today's Date	Account Number
Lessee First Name	Lessee Last Name	Email Address	Date of Agreement
Street Address	City	State	Zip
Pay Schedule	Semi-Monthly	Bi-Weekly	Monthly
Date of Next Paycheck		Automatic Payment Start Date	

Type of Card	Credit or Debit Card Number	Expiration Date	Verification Code
Transfer Amount			

Name as It Appears on the Card

I (We) authorize Menlove Auto to charge my credit/debit card on the scheduled dates listed above for the amount listed above and every 24 hours until the payment clears. I (We) authorize such payment to include any late charge, NSF charge (\$20.00 per period) and any past due payment due at the time. I (We) understand that if I wish to cancel, change, or make other arrangements regarding Automatic Payment, I (we) must do so in writing at least three (3) business days prior to the date of my (our) next payment. I (We) also understand that if a payment is rejected for any reason, Menlove Auto reserves the right to cancel this Agreement.

Lessee Signature	Co-Lessee Signature	MENLOVE Representative Signature
Date	Date	Date