



FreedomRoad
Financial *GET OUT
AND RIDE®*

FREEDOMROAD AUTO PAY

We invite you to join our convenient, automatic withdrawal program which automatically transfers your FreedomRoad payment from your financial institution to FreedomRoad when each payment is due. Each transaction is recorded as a deduction on your bank statement.

Customer Information

Name (Print) _____

FreedomRoad Account # _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Business Phone _____

Amount _____

Frequency Monthly Weekly _____

Beginning Month/Date _____

I (we) hereby authorize FreedomRoad Financial to initiate debit entries to my (our) account indicated below at the financial institution named below, hereinafter called BANK, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name _____

Routing # _____

Bank Account Type Checking Savings _____

Bank Account # _____

Name(s) on Bank Account _____

This authorization is to remain in full force and effect until FreedomRoad Financial has received written notification from me (or either of us) of its termination in such time and in such manner as to afford FreedomRoad Financial and BANK a reasonable opportunity to act on it.

All individuals whose signature is required to withdraw funds from this checking/savings account must sign below:

Signature _____ Date _____

Signature _____ Date _____