



146 South Liberty Drive, Unit 11B
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www.newcityfunding.net

DIRECT PAYMENT AUTHORIZATION FORM: FIXED PAYMENTS

We are pleased to offer a new service, the Direct Payment Plan. Now you can have your payment deducted automatically from your checking or savings account. You will not have to change your present banking relationship to take advantage of this service.

Here is how the direct payment plan works: You authorize regularly scheduled payments to be made from your checking or savings account - then just sit back and relax. Your payment will be taken out automatically on a specific day each month. Proof of payment will appear on your statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. In order to take advantage of this service, please complete the authorization form below and return it to us.

- 1. Mark the box before the type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name, account number and date.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

The Direct Payment Plan will help you in several ways:

- ★ It saves time, fewer checks to write and mail
★ Helps pay your bills in a convenient and timely manner, even if you are on vacation or out of town
★ Your payment is always on time and helps you maintain good credit
★ It saves postage, many people spend close to \$100 a year on postage

ATTACH A COPY OF A VOIDED CHECK AND SIGN THE FORM!

PLEASE COMPLETE THE INFORMATION BELOW AND INCLUDE A COPY OF YOUR VOIDED CHECK

Name (Please Print): Phone# :

I, authorize New City Funding Corp, to initiate electric debit entries to my: CHECKING ACCOUNT (or) SAVINGS ACCOUNT

For payment of my Auto Loan with New City Funding Corp., I acknowledge that the origination of ACH transactions to my account must comply with U.S. Law. This authority will remain in effect until I have canceled it in writing.

I would like you to start automatic debits as of Please withdraw \$ on the of each month.

FINANCIAL INSTITUTION NAME (PLEASE PRINT):

ACCOUNT NUMBER AT FINANCIAL INSTITUTION:

FINANCIAL INSTITUTION ROUTING NUMBER:

SIGNATURE: DATE:

EMAIL:

As of January 1, 2013, an email address is REQUIRED to process all direct authorization transactions. Please mail the completed form to NEW CITY FUNDING, PO BOX 121, STONY POINT, NY 10980 or fax the completed form to (845) 942-2810. Also, please remember to include copy of your voided check.