



U DRIVE ACCEPTANCE CORPORATION

AUTO PAY - CREDIT AND DEBIT CARD AUTHORIZATION AGREEMENT

Please read and complete this Authorization Agreement:

By signing this Authorization Agreement, I authorize U DRIVE ACCEPTANCE CORP., ("UDAC") to initiate recurring electronic debit entries in the amount listed below ("Payment Amount") from my account at the financial institution named below ("Bank") on the dates described below, and to apply such funds as payments on my motor vehicle retail installment contract ("Contract") with UDAC . In addition, by signing this Authorization Agreement, I understand and agree to the following:

- The Payment Amount listed below does not include any late fees, NSF fees, or other amounts which may become due under my Contract. I authorize UDAC to initiate debit entries for amounts including both the Payment Amount and any applicable fees pursuant to the terms of my Contract.
- If I do not indicate a day of the month for the Payment Amount to be debited from my bank account, the payment date will be the monthly payment due date set forth in my Contract, or as modified by an approved Due Date Change Request Form. If any payment date falls on a weekend or Federal banking holiday such that UDAC is unable to process the debit entry, my payment will be posted to my account with UDAC on the next business day.
- If UDAC becomes aware of any erroneous debit entries, UDAC will initiate transactions to correct the errors.
- If any debit entry is dishonored or returned unpaid by my Bank for any reason, I authorize UDAC to resubmit the debit entry up to two additional times within the next 30 days, and I acknowledge that UDAC may charge a return item fee and/or late charge to my UDAC account, to the extent allowed by law and/or my Contract. I also acknowledge that my Bank may impose its own additional fees according to my account agreement with my Bank.
- If my bank account information changes at any time, I shall immediately notify UDAC of such change.
- The origination of ACH transactions (debit entries) to my account must comply with and will be governed by the provisions of applicable law(s) and rules of the National Automated Clearing House Association.

UDAC's authority to draft the automatic payments will remain in full force and effect until one of the following occurs:

1. I provide UDAC notice to the address below 7 days prior to the original scheduled payment date of my wish to change the scheduled payment date, such as by requesting and submitting a Contract Modification Form;
2. I provide written notice to UDAC at the address below of my intent to revoke this Authorization no less than 7 business days prior to the next scheduled withdrawal date;
3. I am notified by UDAC of its intent to discontinue receiving payment from me in this manner for any reason; or
4. All amounts owed to UDAC under my Contract are paid in full.

I understand that this Authorization is purely voluntary and is not a condition to UDAC's extension of credit. I agree not to dispute any debit entry made in accordance with the terms of this Authorization Agreement.

Borrower Printed Name: _____ Co-Borrower Printed Name: _____

Borrower Signature: _____ Co-Borrower Signature: _____

Address: _____ City/State/Zip: _____

Phone: _____ Date: _____



U DRIVE

ACCEPTANCE CORPORATION

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

Card Information

Name on Card: _____
Card Number: _____
CVV code: _____
Expiration Date: _____

Account Information

Name of Financial Institution: _____
Routing Number: _____
Account Number: _____ Checking | Savings

Signature

Authorized Signature (Primary): _____ Date: _____
Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip to this form and return to:

U Drive Acceptance Corp.
Attn: Auto Pay
P.O. Box 3107
Sioux City, IA 51102 Or Fax to: (712) 224-5165