

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS VIA ACH  
(ACH DEBITS)**

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) hereby authorize Fincredit Inc., its subsidiary and/or assign (the "*Company*"), to initiate debit entries to transfer funds from my (our) account or initiate if necessary, credit entries and adjustments for any debit entries made in error to my (our) account indicated below at the depository financial institution named below (the "*Bank*"). I (we) agree that ACH transactions authorized herein to my (our) account comply with all applicable law.

This authorization is for Weekly and Monthly entries for a variable amount pursuant to the Shop Marlboro Property Tax Reward Program Agreement.

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Type (Select One):       Checking                       Savings

**ATTACHED PLEASE FIND A VOID CHECK.**

This electronic debit(s) will be processed on the payment date or the next business day if the due date is a holiday or weekend.

This authorization is to remain in full force and effect until the *Company* has received written notification from me (or either of us) to revoke this authorization. I (we) understand that the *Company* requires a reasonable opportunity to act on it. I (we) agree to notify the *Company* in writing by mail to Company Address:

Fincredit Inc., P.O. Box 43, Marlboro NJ 07746

so that this is received by the Company at least **10** business days prior to the proposed effective date of the termination of the authorization.

Account Name: \_\_\_\_\_  
(Please Print)

Joint Account Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_      Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Company should retain original copy and Customer should retain a copy for their records.