

Eastern Funding LLC
Automatic Loan/Lease/Contract Payment Plan
Authorization Form

(Please Print Or Type)

Account Name (s): _____

The monthly payment will be deducted on the _____ day of the month starting with the first payment due date of the loan, lease or contract.

The financial institution from which the monthly contact payment should be automatically deducted is:

Name: _____

Address: _____
City State Zip

Checking account number: _____-

Bank authorization: As a convenience to me/us, please honor ACH debits on my/our account drawn by and payable to Eastern Funding LLC. I/We agree that your rights with respect to such debit shall be the same as if it were a check drawn upon you and signed personally by me/us. This authority shall remain in effect until you receive such notice. I/We agree that you shall be fully protected in honoring any such debit. I/We further agree that if any debit be dishonored, whether with or without cause or whether intentionally or inadvertently, you shall be under no liability whatsoever.

I/We understand that Eastern Funding LLC must be notified in writing 30 days in advance of any changes to my/our financial institution or account number.

Signature: _____ Date: _____

**Attach
A
Voided
Check Here**