



P.O. Box 100  
Williamsville, NY 14231

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Electronics Funds Transfer (EFT) Enrollment Form

Please complete this form and send with an original voided check (checking account only) to the address noted above. You will be notified of the start date for the EFT transfer. Until that time, please continue to make your payments manually by check or money order. If you have any questions, please call Customer Service at 1-800-429-5512.

Account #: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Pay to the Order of: **AmeriCredit** Payment Amount: \_\_\_\_\_

Checking/Savings Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_ Acct Type:  Checking  Savings

Bank Account #: \_\_\_\_\_

Bank Account Owner Signature: \_\_\_\_\_

Bank Account Owner Social Security #: \_\_\_\_\_ Date: \_\_\_\_\_

Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We hereby request and authorize AmeriCredit to debit the deposit account listed above in an amount equal to the schedule of payments or other amounts due as described in the Loan contract referenced above. I/We hereby certify under penalty of perjury that I/we are authorized to make withdrawals from the deposit account indicated. This authorization may be cancelled at any time by AmeriCredit with written notice to the Borrower. I/We may cancel this authorization by providing AmeriCredit verbal or written notice at least 3 business days prior to the next scheduled electronic funds transfer.