

**FOUNDATION FINANCE COMPANY  
AUTOMATED CLEARING HOUSE (“ACH”) AUTHORIZATION**

FFC Account Number: \_\_\_\_\_

By signing below, I authorize Foundation Finance Company (“FFC”) to initiate monthly recurring electronic debits to my Depository bank account named below in the amount due on each scheduled due date for my account, as provided in my contract with FFC, until my account is paid.

I authorize FFC to initiate ACH debit entries to my bank checking account from the depository financial institution (“Depository”) named below:

Depository Name: \_\_\_\_\_

Name on Bank Account: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ (9-digit, **not** from a deposit slip)

Bank Account Number: \_\_\_\_\_

If a payment due date falls on a Saturday, Sunday or holiday, I authorize FFC to initiate the scheduled debit on the next business day. I understand that payments made after 4:30 P.M. eastern time will be applied as of the next business day.

**Right to Stop Payment and Procedure for Doing So:** I can stop scheduled payments by calling **855-241-0024 option 2** or by writing to:

**Foundation Finance Company  
PO Box 437  
Schofield, WI 54476**

If I write to FFC, my request must reach FFC at least two (2) business days before the scheduled payment due date. If I call FFC, FFC may require me to put my request in writing and to deliver my request to FFC within 14 days after I call.

**Notices:** I agree to notify FFC promptly if my bank account information changes. FFC may modify or terminate this authorization for any reason by notifying me in writing at my last known mailing address or email address in FFC’s records.

**Termination:** This authorization will remain in full force unless I notify FFC that I wish to terminate the authorization, or until FFC terminates this authorization. I may terminate this authorization by emailing FFC at **custservice@foundationfinance.com** or by writing to FFC at the above address. I understand that I must give any notice of termination to FFC in such a manner and sufficiently in advance to allow FFC and my Depository a reasonable opportunity to act. FFC may terminate this authorization if I fail to keep my credit account with FFC or my bank account in good standing. Delinquency under any credit agreement I may have with FFC or the closure of my bank account, for any reason, may result in immediate termination of this authorization. Also, if there are insufficient funds in my bank account to process any payment, this authorization may be terminated immediately. If this authorization is revoked or terminated, I remain responsible for making all remaining payments required under my credit agreement with FFC using a payment method acceptable to FFC.

I agree that ACH transactions that I authorize comply with all applicable law. FFC recommends that you print a copy of this authorization and maintain it for your records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name