

# Automatic Monthly Payment Plan Authorization

Use this form to establish a monthly Automated Clearing House (ACH) to pay a vehicle or commercial loan.  
Send the originally signed document, and make a copy for your own records.

**Loan Servicing**  
**PO Box 5961**  
**Madison WI 53705-0961**

**Fax: 800-420-8124**

**Questions?** Call 877-734-2265. If you are deaf, hard of hearing, or do not use your voice to communicate, you may contact us via 711 or other relay services.

## 1 Instructions – The day of the month and the amount of payment below.

Name \_\_\_\_\_ Daytime phone number \_\_\_\_\_  
Effective on \_\_\_\_\_ I direct EMVLP, LLC, EMVLP II, LLC, EMVLP II, LLC d/b/a/ EMVLP II, PLLC, SF ARLO, LLC, their service providers, successors, and/or assigns, and any other successors or assigns of State Farm Bank to debit the bank named in the Bank Information section below and credit Loan number \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ (regular monthly payment amount), monthly on the \_\_\_\_\_ (monthly due date of loan).

## 2 Bank Information

Bank name \_\_\_\_\_ City, State, ZIP Code \_\_\_\_\_

### ACCOUNT TYPE

Checking  Savings  Money Market  Business Checking  Business Savings  Business Money Market

Routing number \_\_\_\_\_ Account number \_\_\_\_\_

Optional: For checking accounts only, you may attach a voided check for accurate processing.

## 3 Signature

I certify that the information provided above is correct and I am authorized to transfer funds from the account listed above. I acknowledge that I have received, read, and agree to the Authorization section on the next page.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Telephone number

**SIGNATURE**

## 4 Authorization - Keep for your records

I (we) authorize EMVLP, LLC, EMVLP II, LLC, LLC, EMVLP II, LLC d/b/a/ EMVLP II, PLLC, and SF ARLO, LLC, their service providers, successors, and/or assigns, and any other successors or assigns of State Farm Bank, to initiate an Automated Clearing House (ACH) entry to my (our) bank account at the bank identified on this form on the monthly due date for the regularly scheduled payment as disclosed on the Promissory Note and Security Agreement and listed above. I (we) understand that the borrower(s) remain responsible for other accrued interest or fees due on the loan which will be billed separately. If the payment date is on a non-banking day during a particular month, the payment may pull on the business day after the due date, depending on your financial institution. I (we) understand that the final payment may be different.

I understand that if I (we) make a partial payment by other means, the regularly scheduled payment will only pull for the remaining amount due for that month's payment. I (we) will be notified to make the final payment manually, if it is greater than 110% of the normal payment amount.

Allow up to 10 business days for the processing of any new payment plan authorizations. This authorization remains in effect until Loan Servicing receives a cancellation notification from the customer or the checking/savings account holder. You can cancel this request by calling, faxing or writing to Loan Servicing. You must call or write in time for Loan Servicing to receive your request at least 10 business days prior to the date of the next transfer. Cancellation requests can be mailed or faxed. Mailing address: Loan Servicing, PO Box 5961, Madison, WI 53705-5961. Fax number: 800-420-8124 Attn: Loan Servicing.

To change or update this authorization, including but not limited to bank account information, you must cancel this authorization and complete a new Automatic Monthly Payment Plan Authorization at least 10 business days before the next transfer date.

Your bank account must contain the full amount of your payment, in available funds, on the due date of your payment. If there are insufficient funds in your bank account on the payment date, your bank may charge you a fee.

Any automatic payment to the loan that is returned unpaid will result in a fee assessed to the loan as disclosed in the Promissory Note and may result in cancellation of automatic payment privileges. Refer to the Promissory Note for more information.

**ELECTRONIC CONSENT (applicable to individuals submitting this form electronically):** I understand that by accessing and submitting this form electronically, I am first providing affirmative consent to receive this form and its disclosures electronically instead of on paper, and second am providing my electronic signature evidencing my consent and payment plan authorization. This consent to electronic disclosures applies only to this particular transaction. I understand that I have a right to receive this form in paper form without charge, and to update my contact information, by calling 877-734-2265. I understand that if I do not consent or wish to withdraw my consent for receiving this document electronically, I should not submit this form electronically or should call 877-734-2265. I understand that in order to access, read, and complete this form electronically, I will need the following: an Internet-enabled electronic device with access to the Internet that is capable of sending and receiving email, a printer, if I want to keep my own paper records, and an Internet browser. I agree that by accessing and submitting this form electronically, I have demonstrated I am able to access, read, and complete the form electronically.

**CREDIT REPORTING:** Lender may report information about the account to credit bureaus, including negative information. Late payments, missed payments, or other defaults on the account may be reflected in borrower credit reports. Borrower authorizes Lender to obtain consumer reports about Borrower until the Note is paid in full.

**ACCOUNT INFORMATION REPORTED TO CREDIT BUREAUS:** We furnish information about the account to credit bureaus. Borrowers have the right to dispute the accuracy of the information reported by writing to the creditor of your loan at: (EMVLP, LLC; EMVLP II, LLC; EMVLP II, LLC d/b/a/ EMVLP II, PLLC; or SF ARLO, LLC) ATTN: Credit Reporting, P.O. Box 2313, Bloomington, IL 61702-2313.