



1600 Valley River Drive, Suite 290

Eugene, OR 97401

541-868-2595 Direct / 541-636-3168 Fax

## AUTO PAY AUTHORIZATION FORM

Customer's Name: \_\_\_\_\_

Co-Buyer's Name: \_\_\_\_\_

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

I \_\_\_\_\_, authorize PacWest Credit to run my debit card ending in these last (4) four numbers \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ on the date it is due each month in the amount agreed upon in my Retail Contract.

I understand that this form is revocable at any point in time by contacting PacWest Credit by phone or written notice. I also understand it is my responsibility to call PacWest Credit 24-hours prior to my auto pay due date if any changes need to be made to my card or payment date. I understand my card information is kept in a secure location and it is only accessible to PacWest Credit employees.

**If you choose to use this form, please be sure and call PacWest Credit to provide us with the rest of your card information after you fill it out and return it to PacWest Credit. It is our duty to protect your personal information so we are unable to have our customers complete all of their card information on this form.**

By signing below, I agree that I have read the terms and conditions stated above:

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