

Freedom Equity Finance Inc

Mailing Address:
Freedom Equity Finance Inc
PO BOX5643
Cary, NC 27512

OR

Fax:
919-377-0925

For Office Use:

**Credit/Debit Card Automatic Payment
Withdrawal Authorization Form**

Account:

Vehicle:

A. Borrower's Information

Full Name _____

Co Borrower: _____

B. Billing Information (Credit/Debit Cards) - Please complete this section if you have chosen to have your payments automatically processed via Credit/Debit cards each period

Name on Card _____

Mailing Address _____ City _____ State Zip _____

Credit/Debit Card Number

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____- [] MasterCard [] Visa

Card Expiration Date ____ / ____ (MM/YYYY) Card Verification Code: _____

C. Automatic Withdrawal Frequency & Amount

Authorized withdrawal amount \$ _____ on a frequency of (select one)

[] Monthly, Starting date _____

[] Semi Monthly, (twice a Month) Starting date _____ and _____

[] Bi Weekly, (every 14 Days) Starting date _____

[] Weekly, (every 7 Days) Starting date _____

Signature: _____ Date : _____
(signature)

I Authorize Freedom Equity Finance Inc to automatically process payments and late fees from my above listed Credit /Debit Card on the frequency and dates selected in section C plus a administrative fee. I understand that I am authorizing this card to be put on file on my loan account. I also understand that this card will be billed for my due payments.