

**AUTHORIZATION FOR WITHDRAWALS FOR AUTOMATIC PAYMENTS**

<p><b>Name and address of Borrower(s)</b></p> <p>«NAME OF THE CONSUMER»</p> <p>"ADDRESS"</p> <p>"CITY STATE ZIP CODE"</p>
<p><b>Account Number</b></p>

**AUTHORIZATION TO TAKE A PAYMENT FROM THE FOLLOWING DEPOSIT ACCOUNT**

Bank Name:	Account Type:    Checking            Savings *
Account Number:	Bank Routing Number:

\*You must confirm with your bank that automatic payment withdrawals from your savings account are permitted.

The words “you” and “your” means the person(s) signing as borrower(s). The words “we,” “us,” and “our” mean CIG Financial, LLC and any subsequent holder of the Retail Installment Sales Contract (the “Contract”).

You hereby authorize us to set up your account with CIG Financial, LLC (the “Account”) with automatic payments, debit your account, and credit your scheduled monthly payments beginning on or about \_\_\_\_\_ (monthly due date) and monthly thereafter on that date or the next business day thereafter. Please allow CIG Financial, LLC ten business days to set up your account on recurring payment. If your payment is due within the next ten business days please make your payment directly to CIG Financial, LLC. If your billing date falls on a weekend or holiday, the payment is withdrawn on the next business day. If any automatic payments are returned unpaid, you authorize us to initiate or reinstate the automatic payment(s) up to two (2) more times. Payments may be rejected by your bank because of insufficient funds, closed or unauthorized accounts, or other reasons, in which case the payment will be reversed from your Account, and you may be assessed a returned check fee. Your participation in this automatic payment program may be terminated if your automatic payments are rejected or returned unpaid by your bank. You further authorize CIG Financial, LLC to adjust this withdrawal to reflect any additional fees or charges to your Account (**no more than two times the amount of your monthly scheduled installment**). If you change banks, change the due date or receive a deferment after enrolling in this service, please contact Customer Care at (877) 244-4442 and request a new enrollment form. Unless you notify us of a bank change at least three (3) business days before your due date, we may not be able to process the change in time for the next scheduled automatic payment.

You understand that you may cancel this authorization at any time (including prior to your first payment) by calling Customer Care at (877) 244-4442 or by sending an email to: [ach@cigfinancial.com](mailto:ach@cigfinancial.com) or by mailing us notice at CIG Financial, LLC, P.O. BOX 19795 Irvine, CA 92623. Cancellations must be received at least three (3) business days prior to the applicable automatic payment date. This authorization will remain in full force and effect until either of the following occurs: (i) you satisfy all of your payment obligations under the Contract, or (ii) you cancel this authorization. You further understand that the cancellation of your authorization does not relieve you of your responsibility to pay us all amounts due in full.

By signing this form, you understand and agree to the conditions associated with this form.

Signature of Borrower:

Date:

Signature of Co-borrower:

Date:

**Federal Regulation Pertaining to All Electronic Funds Transfer Transactions**  
*For complete regulations inquire at the institution.*

The Electronic Funds Transfer Act (“EFT”) implemented by Regulation E, provides a basic framework establishing the rights, liabilities, and responsibilities of participants in electronic funds transfer systems. Its primary objective is the protection of individual consumer rights in their dealings with these systems. CIG Financial, LLC (“CIG”) will comply with the EFT by establishing internal procedures that result in proper issuance of disclosures, limitations on customer liability, documentation of transfers, and error resolution procedures to ensure compliance with the requirements of the regulation.

**Electronic Funds Transfer Options.** Electronic checks, internet transactions and telephone/automated.

**Automatic Payment Withdrawal.** CIG will only issue automatic payment withdrawal per the Authorization for Withdrawals For Automatic Payments (“AFWFAP”). The customer must review and sign the form. When a payment is initiated per the agreement to the AFWFAP, the customer will be provided a notice by:

- Positive notice. Providing oral or written notice of the transfer within two (2) business days after the transfer occurs; or
- Negative notice: Providing oral or written notice, within two (2) business days after the date on which the transfer was scheduled to occur, that the transfer did not occur; or
- Readily available telephone line. Providing a readily available telephone line that the customer may call to determine whether the transfer occurred and disclosing the telephone number.

Upon receiving funds, CIG shall credit the amount of the transfer as of the date the funds for the transfer are received. CIG does not need to provide notice of a transfer if the payer gives the customer positive notice that the transfer has been initiated. If a debit of funds fails due to insufficient funds (“NSF”), the customer will be held liable, as permitted by law. Fees will vary by state. Refer to your Retail Installment Sales Contract for fees as it relates to your respective state.

**Consumer Rights.** A customer may stop payment of a preauthorized electronic funds transfer from the customer’s account by notifying CIG orally or in writing at least three (3) business days before the scheduled date of the transfer. A written request can be mailed to P.O BOX 19795 Irvine, CA 92623 or emailed to [ach@cigfinancial.com](mailto:ach@cigfinancial.com).

**Error Resolution Notice.** In case of errors or questions about electronic transfers, call or write to CIG at (877) 244-4442 Monday through Friday 8:00am – 10:00 pm PST, or mail it to P.O. BOX 19795 Irvine, CA 92623, as soon as you can, if you believe your statement or receipt is incorrect or if you require additional information about a transfer listed on the statement or receipt. CIG must hear from you no later than 60 days after the first statement on which the problem or error appeared.

1. Tell us your name and account number.
2. Describe the error or the transfer you are unsure about and explain as clearly as possible why you believe it is an error or why you require additional information.
3. Tell us the dollar amount of the suspected error.

If you tell us orally, CIG may require that you send your complaint or question(s) in writing within 10 business days.

**User Identity Protection.** In order to protect user profiles, CIG will take proactive steps, which include assignment of systems user IDs, changes to user IDs as necessary, and assisting users with technical problems related to EFT system(s). All account and payment information will be treated as highly confidential and will only be accessible to appropriate personnel.

**Subsequent Disclosures.** In addition to the disclosures which are required prior to a first electronic funds transfer or when a new EFT service is provided to customers, CIG will provide notification of any changes in a term or

# CIG FINANCIAL

An **AutoNation** Company

condition requiring disclosure. This notification will be provided at least 21 days prior to the effective date of the change.

**Third Party Disclosures.** Accept as permitted by applicable law, regulation or order issued any administrative, governmental, regulatory or judicial authority, no consumer account information shall be disclosed.