



MAILING: 150 NORTH BARTLETT ST. MEDFORD OR 97501
855.723.2669 | www.drivewayfinancecorp.com

AUTO PAY Enrollment Form and Authorization Agreement

Step 1- Please complete this Authorization Agreement for Application Number _____:

I the undersigned listed below, authorize PayNearMe MT, Inc. on behalf of Driveway Finance Corporation, to initiate recurring ACH electronic debit transactions on the _____ of each month starting on _____. I understand that my bank account information will be saved in order to process recurring transactions on my account. I understand that this authorization will remain in full force and effect until I revoke such authorization by calling Driveway Finance Corporation at 855-723-2669. I understand that Driveway Finance Corporation requires at least 1 business day prior notice to revoke this authorization by phone. Payments scheduled after 12:00 P.M. PST and payments scheduled to occur on a weekend or holiday will be applied as of the next banking day. In the case of an ACH transaction being returned due to non sufficient funds, PNM Financial Services on behalf of Driveway Finance Corporation, can reattempt the transaction up to 2 additional times. I agree that the transactions that I authorize comply with all applicable laws. I agree to maintain adequate funds in the account to cover the amount due until PayNearMe MT, Inc on behalf of Driveway Finance Corporation debits the account. I also agree that PayNearMe MT, Inc on behalf of Driveway Finance Corporation may initiate a credit or debit, as applicable, to my Account to correct any error PayNearMe MT, Inc on behalf of Driveway Finance Corporation may make in collecting payment. If the above-noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the case of a transaction being rejected for non- payment, I will be charged a returned payment charge the same as stated in my retail installment contract. DFC may cancel my regularly scheduled transactions if three (3) or more have been returned for insufficient funds. I certify that I am an authorized user of this account. I agree to save a copy of this authorization for my records.

Step 2 - Please complete account information:

Payment Type (please check one)

☐

Checking

☐

Savings

Financial Institution Name _____

Routing Number _____

Bank Account Number _____

Authorized Signer Full Name (Please print)

Authorized Signature

Date

Step 3- Return this form to Driveway Finance Corporation by:

Mail: Driveway Finance Corporation 150 N Bartlett St. Medford, OR 97501

Email: customerservice@drivewayfinancecorp.com