



AUTO PAY Enrollment Form and Authorization Agreement

Step 1- Please complete this Authorization Agreement:

I authorize Southern Cascades Finance Corporation (SCFC) to make regularly scheduled transfers from my checking/savings account for my auto loan payments. Funds will be transferred in the amount indicated below each billing period. I agree that no prior notification will be provided to me before the transfer from my checking/savings account. I understand that this authorization will remain in effect until I cancel by writing or calling SCFC. I agree to notify SCFC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. 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. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank. SCFC may cancel this authorization at any time.

Transaction Description	Loan # _____
<input type="checkbox"/> Recurring	Payment Amount \$ _____ 1 st Payment Due Date* _____
<input type="checkbox"/> One Time	Number of transactions (payments) _____

Step 2 - Please complete account information:

Payment Type (please check one): ☐ Checking ☐ Savings

☐ Debit Card

Financial Institution

Card Number

Routing Number

_____/_____
Expiration: MM/YY CVV

Bank Account Number

Billing Zip

Authorized Signer Full Name (Please print)

Authorized Signature

Step 3- Return this form to SCFC by:

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

Email: customerservice@socascades.com