



SCFC AUTOMATIC PAYMENT

Date of Request: _____ Contract Date: _____

Customer Name: _____ Customer Name: _____

VIN Number: _____

Payment Due Date: _____ Payment Amount: _____

CARD INFORMATION *preferred method*

Name On Card: _____ Type Of Card: _____ (NO AMERICAN EXPRESS)

Card Number: _____

Expiration Date: _____ CCV#: _____

OR

CHECKING ACCOUNT INFORMATION *secondary method*

Name On Account: _____

Routing #: _____ Account #: _____

Customer Signature

Customer Signature

Account Holder Signature (if different than customer)

**ATTACH A BLANK VOIDED CHECK
TO THIS DOCUMENT**

A VOIDED CHECK IS REQUIRED FOR ALL BANK DRAFT AUTOMATIC PAYMENTS.
SCFC WILL SET UP AUTOMATIC PAYMENTS ONCE FORM IS RECEIVED FROM SELLING DEALER.
NO FURTHER ACTION IS REQUIRED BY THE CUSTOMER OR THE STORE.

It is the responsibility of the customer(s) to ensure the first and all ensuing payments are made.
If the payment falls on a weekend, it may be deducted the next banking business day.

ADP PRINT CODE: SCAP