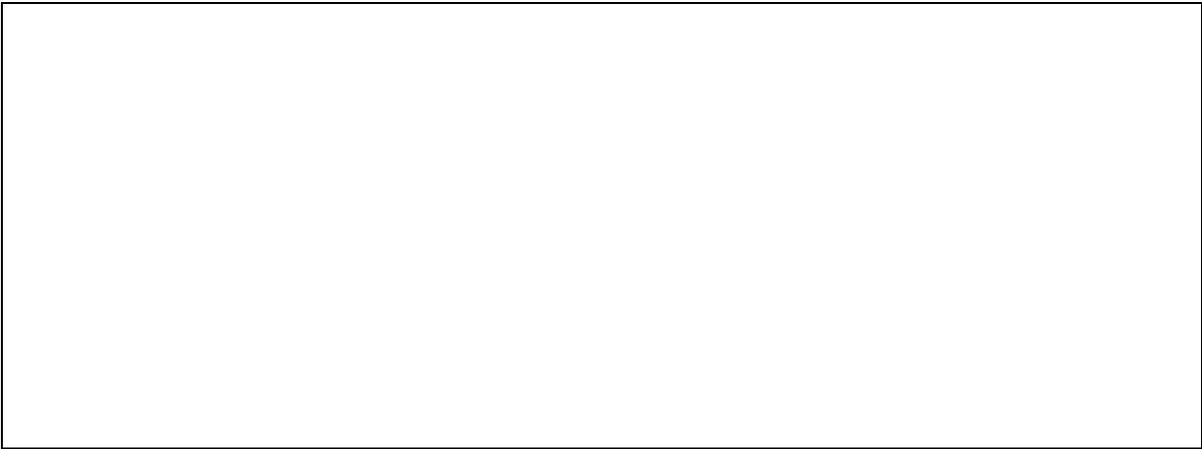


## **ACH Request for Reoccurring Monthly Withdrawals**

**Please submit a check for the ACH fee of \$10.00 made payable to Del Rio Finance. The check submitted should be the same banking account information that the insured wants debited from their account every month.**



Attach Check Here

**\*\*\* Go to 2<sup>nd</sup> page for ACH authorization that is to be signed by insured\*\*\***

**\*\*Please note that after 2 (two) return ACH items, the ACH process will automatically stop. All future payments will have to be made with certified funds (cashier's check or money order)**



**Del Rio**  
**DISCOUNT CORPORATION**

**AUTHORIZATION FOR AUTOMATIC ELECTRONIC FUND TRANSFER (ACH)**

Customer Name:

Account/Draft No: \_\_\_\_\_

Account Type: \_\_\_Commercial \_\_\_ Personal

I hereby authorize Del Rio Discount Corporation to charge the above referenced selected bank account automatically on the \_\_\_\_\_ day commencing \_\_\_\_\_ for \_\_\_\_\_ consecutive months and apply said charge towards the payment of the installments I owe Del Rio Discount Corp. I understand that I will remain responsible for recurring charges, additional late fees and other applicable charges if the withdrawal to the bank account I have listed above is denied for insufficient funds or the account otherwise becomes unavailable.

In the event I have selected to have selected to have automatic payments made from a bank account, I hereby authorize Del Rio Discount Corp. to initiate automatic withdrawals via electronic fund transfer entries ("Entries") by means of the Automated Clearing House (ACH). I understand and agree to abide by the Operating Rules of the National Automated Clearing House Association ("NACHA") in existence as of the date of this Agreement and as amended from time to time (the "Rules") which govern all such transactions. I acknowledge that no Entries may be made that violate the Rules or the laws of the United States. I agree to indemnify the Originating Depository Institution ("ODFI") and any third party service providers involved in processing Entries made hereunder against all claim, demand, loss, liability, or expense including attorney's fees and cost that result directly or indirectly from 1) failure to follow the Rules or 2) violations of law.

Date:

Name:

Signature: \_\_\_\_\_

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