

**Fairway Financial**  
PO Box 115  
Palatka, FL 32178  
(386)325-5626

**Automatic Recurring Payment Authorization Form**

Account Number: \_\_\_\_\_

Vehicle Payment: \$ \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize Fairway Financial to automatically deduct the payment amount specified above on the dates specified below:

Deductions will take place on the following dates:

\_\_\_\_\_ Bi-Weekly (every other week) beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Monthly beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Semi-Monthly beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_ and again on \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Weekly beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_

This agreement will remain in effect until terminated in writing. We reserve the right, with advanced notification, to terminate your participation in this payment option. If an automatic charge is denied for any reason, including insufficient funds, unauthorized transactions, or incorrect information, we will not be able to process your payment. In this event, late charges as set forth in the Retail Installment Sales Contract will be assessed and you will be required to provide an alternative means of payment.

Name on Account: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

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