



**VOLUNTARY
Authorization Agreement for Preauthorized Payments**

Company Name: Marine One Acceptance Corporation ID Number: 75-2686951

I (we) hereby authorize Marine One Acceptance Corporation, herein after called "Company" to initiate debit entries to my (our) checking account indicated below at the depository named below, herein after called "DEPOSITORY", to debit the same to such account.

(PLEASE PRINT)

Depository Name _____ Branch _____

City _____ State _____

Transit/ABA Number _____

Account Number _____

This authorization is to remain in full force and effect until "COMPANY" and "DEPOSITORY", has received written notification from the below signatory of its termination in such time and in such manner as to afford "COMPANY" and "DEPOSITORY" a reasonable time to act.

(PLEASE PRINT)

Name(s) _____

Marine One Account # _____

Payment Amount \$ _____ Desired Start Month _____

Signed X _____ Date _____

Signed X _____ Date _____

Debit transactions can be scheduled to occur between the 1st through the 28th of the month
Please enter the day of the month you want the Debit Transaction to occur

NOTE: All written debt authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization. This authorization is voluntary and is not required for loan approval.

**Please include a voided check with this completed form
Fax to 800-379-2837 ATTN: Loan Servicing**