



**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 1<sup>st</sup> through the 28<sup>th</sup> of the month  
Please enter the day of the month you want the Debit Transaction to occur  
\_\_\_\_\_

Marine One will allow you to change the payment due date to accommodate these dates. Please indicate if a due date change is desired.

**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**