



ACT Finance
 3905 State St., Suite 7, Dept. 272
 Santa Barbara, CA 93105
 Phone 805-680-8205
 Fax 805-880-8960
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Electronic Check (Q-Check) Authorization Form for Recurring Check Drafts

I authorize **ACT Finance** to initiate **monthly** check drafts from my account as shown below.

DEPOSITORY (BANK) INFORMATION

Customer Name: _____
 Customer Bank Name: _____
 Customer Bank Route Code # (9 digits) _____
 Customer Bank Account # _____

DEBIT INFORMATION

Monthly payment due (per contract) \$ _____
 On a monthly basis, please deduct \$ _____ on this date each month _____
 Please initiate these deductions starting the month of _____

(Note: unless we hear otherwise, these will occur each month until the loan has been paid off.
 In case of questions about payment or balance, please call us at 805-680-8205))

I understand this authority is to remain in full force and effect until the company has received notification from me of its termination in such time and such manner as to afford the company a reasonable opportunity to act on it. I have the right to stop payment of a check draft by notification to **ACT Finance** three (3) business days or more before a check draft is scheduled to be deposited.

Signature of Depositor _____ **Date** _____