

I (we) hereby authorize Nestor Financing Corporation, hereinafter called the COMPANY, to initiate debit entries to my (our) **Checking / Savings Account** (circle one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit or credit the same to such account. If this item is returned unpaid, I authorize an additional returned check fee of the maximum amount as allowed by the state to be charged to this account (\$10.00).

Bank/Depository Name:

Routing Number:

Account Number:

Same amount to be debited each billing period \$ _____

Number of Payments _____

Frequency of Payments: (circle one) Weekly / Bi-Weekly / Monthly

Weekly & Bi-Weekly payments: (circle day of the week)

Monday / Tuesday / Wednesday / Thursday / Friday

Monthly payments: (indicate date of each month to be debited) _____

Indicate date of first payment to be debited: _____

This authorization is to remain in full force and effect for the number of payments authorized above or until the COMPANY has received written notification from me (us) of its termination, in such time and such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Customer Name: _____

Customer E-Mail Address: _____

Name(s) on Account: _____

Date: _____

Signature: _____

Please attach a voided check to this authorization.