



**AMBASSADOR**  
DEALER FUNDING

**Automatic Payment (Debit)  
Authorization Form**

Complete and sign this form, then return to the address or fax number below. If you change banks, you must submit a new Automatic Payment (Debit) Authorization Form to authorize the automated debit from the new account. Please place an "X" in one of the boxes below:

Debit Card

Request to change current Debit Authorization

**Borrowers Information:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_ + \$5.00 Processing Fee = Total Debit \$ \_\_\_\_\_

To Begin: \_\_\_\_\_ Monthly \_\_\_\_\_ Semi-Monthly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_

**Financial Institution Information:**

Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Debit/CC Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVW: \_\_\_\_\_

I hereby authorize Ambassador Dealer Funding to initiate debit entries to my account indicated above and authorize the depository to debit the same to such account. By signing below, I represent and warrant that I am legally authorized to access funds from the account specified. I further acknowledge that there is a \$5.00 per transaction fee associated with this debit authorization.

Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notice: A 24 hour notice is required to stop a debit from processing. There is a \$25.00 NSF fee for debits that are returned.

Mailing Address

Ambassador Dealer Funding  
P. O. Box 60637  
Lafayette, LA 70503

Fax Number: 337-205-8565