

Automatic Payment Authorization

Gold Capital, LLC

P.O. Box 7866

Paducah KY 42002

Phone Number:

Fax Number: 270-442-4750

Website: www.goldcapitalky.com

Today's Date:

Customer Information

Customer Account Number

Customer Name: _____

Home Address: _____

City St Zip: _____

Email address: _____

Home Phone: _____

Work Phone: _____

Financial Institution *Circle One* (Bank - S&L - Credit Union)

Name of Institution: _____

Bank Account#: _____

Bank Routing Number: _____

Bank Routing Number | : _____ | :

Credit Card # _____

Exp Date if Credit Card: _____ Zip: _____

Type of Account

Personal Checking Personal Savings

Business Checking Credit/Debit card

Payment Information

- Please debit ongoing payments of \$ _____ from my checking/ savings account or credit card on or after the _____ day of each month until this contract has been terminated or paid out .

First Payment Date _____

AUTHORIZATION

I authorize the electronic debit or debits to my account as outlined in the above form. I understand and agree that the electronic debit will continue until the total amount due plus any return fees are collected or until I revoke this authorization. This authorization is also applicable to any new account information, payment amounts, and/or payment dates provided by me at some future time for the purpose of completing my account.

CHANGE OF INFORMATION: I agree to notify verbally to {phone} or in writing to the above address fifteen (15) or more days prior to any change to the account and/or closing of the account shown above and/or any change or situation that may affect debiting the payment.

RETURNS: I authorize the state authorized fee or returned item fee in the amount of **\$35.00** to be debited from my account if a debit is returned unless the returned item was the result of an error by the processor.

CANCELLATION: Upon payment in full, I understand that I may cancel the electronic debit authorization by providing written notice to the address above fifteen (15) or more days prior to the last payment due date.

Signature

Date