

Winston-Salem, NC 27114

Automatic Draft Request: TO EXPEDITE YOUR REQUEST and as an alternative to completing this form, please visit www.sheffieldfinancial.com. Select "Customers" > "Payment Options" > "Customer Login". If a first-time user, select the "Sign Up" hyperlink.

Please follow the steps within this form to start the automatic withdrawal of your payment. All fields must be completed prior to submission in order to process this request. Incomplete or inaccurate forms will not be processed.

The words "you" and "your" mean any identified Customer who signs or similarly authenticates this Authorization for Electronic (ACH) Payments in connection with the Note and Security Agreement with the contract number referenced below (the "Contract"). The terms "we," "us," and "our" mean Sheffield Financial, a division of Truist Bank, and its assigns, successors, and designated service providers. The electronic funds transfer system we use to initiate transactions to your deposit account is called the Automated Clearing House ("ACH").

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1. Complete and sign this request.	
Customer Name(s)	Loan Account Number
Depository Institution	Account Type Checking Savings
Depository Institution Routing Number	Depository Account Number
Payments must be drafted on or a maximu	ım of 9 days before your contractual due date.
Effective date of initial draft (you may	y choose 1-9 days prior to contractual due date), you authorize us to initiate
	_ plus (enter zero or amount towards a principal reduction)
to your deposit account. The drafts will continue until the earlier	r of the date the contract is paid in full or the ACH charges are cancelled by
you, by your depository institution, or us.	
assistance and information. You authorize us to verify an institution if this information is missing or incorrect. You author authorize us to provide a copy of this Authorization to your de charges may be made to your deposit account on the next be	tion upon request, by providing a voided check, deposit slip and other ad correct information about your deposit account with your depository prize us to apply the funds we receive in payment of your Contract and you epository institution upon its request. You understand and agree these ACH usiness day after any ACH payment date that falls on a weekend, holiday in for business. You authorize us, if necessary, to initiate electronic credit ke.
Cancelling Payments and Other Terms	at any time and for any reason, without giving you advance notice. Even if
agree that you are solely responsible for completing timely pacancel our authorization to make ACH charges to your depinstitution. The party you notify must be allowed a reasonable request. Contact your depository institution directly for more institution. To notify us of any ACH cancellation request or any the address provided below or call us at 888-438-8837. You knowledge and you are individually authorized to have fur payments. You agree we did not require you to sign this form payments required by the Contract. You agree to keep sufficient on the dates scheduled. You agree that the ACH transactions administered by the U.S. Office of Foreign Assets Control) are	n or before the due dates scheduled in the Contract. You understand and ayments of your Contract, regardless of your method of payment. You may posit account at any time by notifying us or by notifying your depository a period of time, up to three (3) business days, to process your cancellation in information about how to cancel ACH charges through the depository of ACH charge you believe was made in error, you must either write to us at u certify the information shown is correct and complete to the best of your unds deducted from the designated deposit account to make Contract and that you voluntarily elected to do so for your convenience and to make ent funds in your deposit account to pay the full amount of these payments a you authorize comply with all applicable law (including but not limited laws and with NACHA Rules and Guidelines. You understand and agree that you not a payment is late or returned to us unpaid, as allowed by the
	this Authorization for Recurring Electronic (ACH) Payments as of eted copy of this form from us. Please keep a copy of this ecords. Date
• , ,	
matches the information provided above.	ed check or savings account withdrawal form that
•	
• Fax to: (888) 761-0820	John Q. Smith 99999 55 Maple Street 555-1234 Hometown, NY 55009 19
Email to: customerservice@sheffieldfinancial.com	PAY TO THE ORDER OF \$
Mail to: Sheffield Financial	DOLLARS
PO Box 25127	ins English and Artifacture

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Bank Routing Number Checking Account Number Check Number