



Automatic Draft - ACH Set-up Request Form

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 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").

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 maximum of 9 days before your contractual due date.

Starting on _____ you authorize us to initiate a series of recurring ACH charges (debits) for \$ _____ plus _____ (enter zero or amount towards a principal reduction) to your deposit account. The draft will occur on the _____ of each month, or on the _____ of each month (up to 1-9 days prior to due date, enter 0 otherwise), until the earlier of the date the contract is paid in full or the ACH charges are cancelled by you, by your depository institution or by us.

You agree to help us verify your deposit account information upon request, by providing a voided check, deposit slip and other assistance and information. You authorize us to verify and correct information about your deposit account with your depository institution if this information is missing or incorrect. You authorize us to apply the funds we receive in payment of your Contract and you authorize us to provide a copy of this Authorization to your depository institution upon its request. You understand and agree these ACH charges may be made to your deposit account on the next business day after any ACH payment date that falls on a weekend, holiday, or other day when we or depository institutions are not open for business. You authorize us, if necessary, to initiate electronic credit entries by ACH at any time to correct any errors we might make.

Cancelling Payments and Other Terms

We may cancel these ACH charges to your deposit account at any time and for any reason, without giving you advance notice. Even if this happens, you must still make your Contract payments on or before the due dates scheduled in the Contract. You understand and agree that you are solely responsible for completing timely payments of your Contract, regardless of your method of payment. You may cancel our authorization to make ACH charges to your deposit account at any time by notifying us or by notifying your depository institution. The party you notify must be allowed a reasonable period of time, up to three (3) business days, to process your cancellation request. Contact your depository institution directly for more information about how to cancel ACH charges through the depository institution. To notify us of any ACH cancellation request or any ACH charge you believe was made in error, you must either write to us at the address provided below or call us at 888-438-8837. You certify the information shown is correct and complete to the best of your knowledge and you are individually authorized to have funds deducted from the designated deposit account to make Contract payments. You agree we did not require you to sign this form and that you voluntarily elected to do so for your convenience and to make payments required by the Contract. You agree to keep sufficient funds in your deposit account to pay the full amount of these payments on the dates scheduled. You agree that the ACH transactions you authorize comply with all applicable law (including but not limited laws administered by the U.S. Office of Foreign Assets Control) and with NACHA Rules and Guidelines. You understand and agree that you are liable to us for any fees that may be due under the Contract if any payment is late or returned to us unpaid, as allowed by the Contract and applicable law.

By signing, you agree to all terms and conditions in this Authorization for Recurring Electronic (ACH) Payments as of the date shown and agree that you received a completed copy of this form from us. Please keep a copy of this Authorization with your credit and deposit account records.

Signature(s) _____ Date _____

2. Send this completed form along with a voided check copy or savings account deposit slip

- Fax to: (888) 761-0820, or
- Email to: customerservice@sheffieldfinancial.com
- Mail to: Sheffield Financial
PO Box 1704
Clemmons, NC 27012

