



NICHOLAS FINANCIAL, INC.

ELECTRONIC PAYMENT AUTHORIZATION (ACH Debits)

1. Authorization: I authorize Nicholas Financial, Inc. to draw by electronic funds transfer from the bank account named below, monthly payments due on the account identified below, until such time the obligation is paid in full, or until Nicholas Financial, Inc. receives notice to cancel this authorization in the manner specified in paragraph 3. I also authorize my financial institution to accept such withdrawals initiated by or on behalf of Nicholas Financial, Inc.

2. Insufficient Funds: I agree to pay a returned item fee as outlined in my contract or as defined by state statutes in the event there are insufficient funds in my account when the transaction is scheduled to occur. I agree that Nicholas Financial, Inc. will not be responsible for any loss or for any fees charged by the financial institution named below, for acting on my instructions contained herein.

3. Revocation: To cancel this Authorization, I must submit a **WRITTEN** cancellation request to the Nicholas Financial branch office that services my account, at least five (5) business days prior to the date of the next automatic transfer. Nicholas Financial reserves the right to cancel this agreement and terminate this transfer with or without cause.

4. Borrower and Financial Institution Information:

Name of Borrower: _____ Nicholas Account Number: _____

Debit Amount: _____ Bank Name: _____ Account Type: Checking
 Savings

Routing Number: _____ Account Number: _____ Start Date: _____

NOTE: A voided check or savings account deposit slip for the account named above, must be attached below in order to process this authorization.

**A voided check or savings account deposit slip
for the account named above
MUST be attached here.**

I understand that on the start date stated above, the Debit Amount stated above will be deducted each month on the due date of my account with Nicholas Financial, Inc. *I further understand that when my due account due date falls on a weekend or Federal Holiday, the Debit Amount will be processed and applied to my account on the next business day.*

By signing below I acknowledge that I have read, understand, and agree to the terms and conditions of this authorization.

Signature of Borrower

Date