

10255 W. Higgins Rd, Ste 300, Rosemont, IL 60018 (888) 88-LOANS Fax: (773) 777-7636 www.NationwideLoans.com

VOLUNTARY AUTHORIZATION TO PARTICIPATE IN NATIONWIDE'S AUTOMATIC PAYMENT PLAN

I/We authorize Nationwide Loans LLC ("Nationwide") to debit the amount of my/our installment payments on my/our Promissory Note and Security Agreement from my/our checking account listed below. This also th

uthorize		elow to debit my/our bank account each month until my/our account is paid off or by me/us.
		Dowle Associate Information
Nama	n Assaulat	Bank Account Information
Bank Na	n Account	
	ty, State, Zip uting Number	
	g Account Number	
		k or printout from bank including name on account, and routing and account numbers.
		debit my/our bank account as provided below:
au pa e> re	uthorize Nationwide ayment date falls or recuted on the next ason (other than ter	eansfer will be \$ each month beginning I/We also to initiate transactions to correct any erroneous payment transaction. If any a weekend or holiday, I/We understand and agree that the payment may be business day. If a payment is rejected by my/our financial institution for any mination of this authorization), including without limitation insufficient funds, I/we have may at its discretion attempt to process the payment again.
,	a transfer varies fro ansfer.	om the amount in 1), Nationwide will give me/us 10 days prior notice of such
fro N: im in pa cc Cl	om me/us by Certificationwide will have a applement the reques formation at least 3 ayment authorization omply with the provisularing House Association	Il remain in effect until I/we notify the bank or Nationwide receives written request and Mail, Return Receipt Requested, to stop or change automatic payments and a reasonable time (3 business days before the scheduled date of the transfer) to t. I/We agree to notify Nationwide in writing of any changes in my/our account business days prior to the next due date. I/We will not attempt to revoke this except as provided herein. I/We acknowledge that payment transactions must ions of applicable law and the Rules of NACHA (formerly the National Automated ciation). I/We request the financial institution that holds the account to honor all accordance with this authorization form.
ÍΛ		voluntary and is not a condition to Nationwide's extension of credit to me/us. this plan can be cancelled by me/us at any time consistent with the terms of

5) I/We understand that I/we will receive an acknowledgement of this Authorization prior to the first payment, and that I/we should print and keep a copy for my/our records.

Signature of Authorized Account Signer	Account Signer Street Address
Printed Name of Authorized Account Signer	Account Signer City, State, Zip
Date	SSN (last 4 digits)
	XXX - XX -

	Office Use Only:
	Account Number
!	Closer Initials





I/We authorize Nationwide CAC LLC ("Nationwide") to debit the amount of my/our installment payments on my/our retail installment contract from my/our checking account listed below. This also authorizes the bank named below to debit my/our bank account each month until my/our account is paid off or this Agreement is terminated by me/us.

Bank Account Information				
Name on Account				
Bank Name				
Bank City, State, Zip				
ABA Routing Number				
Checking Account Number				
Please attach a voided chec	k or printout from bank inc	cluding name on account, and routing and account numbers.		
I/We authorize Nationwide to	debit my/our bank acco	unt as provided below:		
1) The amount of the transfer will be \$ each month beginning I/We also authorize Nationwide to initiate transactions to correct any erroneous payment transaction. If any payment date falls on a weekend or holiday, I/We understand and agree that the payment may be executed on the next business day. If a payment is rejected by my/our financial institution for any reason (other than termination of this authorization), including without limitation insufficient funds, I/we understand that Nationwide may at its discretion attempt to process the payment again.				
 If a transfer varies fr transfer. 	 If a transfer varies from the amount in 1), Nationwide will give me/us 10 days prior notice of such transfer. 			
3) This authorization shall remain in effect until I/we notify the bank or Nationwide receives written request from me/us by Certified Mail, Return Receipt Requested, to stop or change automatic payments and Nationwide will have a reasonable time (3 business days before the scheduled date of the transfer) to implement the request. I/We agree to notify Nationwide in writing of any changes in my/our account information at least 3 business days prior to the next due date. I/We will not attempt to revoke this payment authorization except as provided herein. I/We acknowledge that payment transactions must comply with the provisions of applicable law and the Rules of NACHA (formerly the National Automated Clearing House Association). I/We request the financial institution that holds the account to honor a payments initiated in accordance with this authorization form.				
,	4) This authorization is voluntary and is not a condition to Nationwide's extension of credit to me/us I/We understand that this plan can be cancelled by me/us at any time consistent with the terms of paragraph 3 above.			
 I/We understand that I/we will receive an acknowledgement of this Authorization prior to the firs payment, and that I/we should print and keep a copy for my/our records. 				
Signature of Authorized Account Signer		Account Signer Street Address		
Printed Name of Authorized Account Signer		Account Signer City, State, Zip		
Date		SSN (last 4 digits)		
		XXX - XX -		





I/We authorize Nationwide Cassel LLC ("Nationwide") to debit the amount of my/our installment payments on my/our retail installment contract from my/our checking account listed below. This also authorizes the bank named below to debit my/our bank account each month until my/our account is paid off or this Agreement is terminated by me/us.

Bank Account Information				
Name on Account				
Bank Name				
Bank City, State, Zip ABA Routing Number				
Checking Account Number				
	tout from bank including name on account, and routing and account numbers.			
1 loade attach a voluce officer of	out from bank moleculing frame on account, and realing and account frambers.			
I/We authorize Nationwide to debi	y/our bank account as provided below:			
authorize Nationwide to in payment date falls on a we executed on the next bust reason (other than terminal	vill be \$ each month beginning I/We also ate transactions to correct any erroneous payment transaction. If any ekend or holiday, I/We understand and agree that the payment may be ss day. If a payment is rejected by my/our financial institution for any n of this authorization), including without limitation insufficient funds, I/we hay at its discretion attempt to process the payment again.			
If a transfer varies from t transfer.	 If a transfer varies from the amount in 1), Nationwide will give me/us 10 days prior notice of such transfer. 			
3) This authorization shall remain in effect until I/we notify the bank or Nationwide receives written requested from me/us by Certified Mail, Return Receipt Requested, to stop or change automatic payments and Nationwide will have a reasonable time (3 business days before the scheduled date of the transfer) to implement the request. I/We agree to notify Nationwide in writing of any changes in my/our accour information at least 3 business days prior to the next due date. I/We will not attempt to revoke thi payment authorization except as provided herein. I/We acknowledge that payment transactions must comply with the provisions of applicable law and the Rules of NACHA (formerly the National Automated Clearing House Association). I/We request the financial institution that holds the account to honor a payments initiated in accordance with this authorization form.				
	I/We understand that this plan can be cancelled by me/us at any time consistent with the terms of			
 I/We understand that I/we will receive an acknowledgement of this Authorization prior to the firs payment, and that I/we should print and keep a copy for my/our records. 				
Signature of Authorized Account Signer	Account Signer Street Address			
Printed Name of Authorized Account Signer	Account Signer City, State, Zip			
Date	SSN (last 4 digits)			
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I/We authorize Nationwide Nevada LLC ("Nationwide") to debit the amount of my/our installment payments on my/our retail installment contract from my/our checking account listed below. This also authorizes the bank named below to debit my/our bank account each month until my/our account is paid off or this Agreement is terminated by me/us.

Bank Account Information				
Name on Account				
Bank Name				
Bank City, State, Zip				
ABA Routing Number				
Checking Account Number				
Please attach a voided check or printout from bank including name on account, and routing and account numbers.				
/We authorize Nationwide to debit mv/our bank account as provided below:				

- 1) The amount of the transfer will be \$_____ each month beginning _ authorize Nationwide to initiate transactions to correct any erroneous payment transaction. If any payment date falls on a weekend or holiday, I/We understand and agree that the payment may be executed on the next business day. If a payment is rejected by my/our financial institution for any reason (other than termination of this authorization), including without limitation insufficient funds, I/we understand that Nationwide may at its discretion attempt to process the payment again.
- 2) If a transfer varies from the amount in 1), Nationwide will give me/us 10 days prior notice of such transfer.
- 3) This authorization shall remain in effect until I/we notify the bank or Nationwide receives written request from me/us by Certified Mail, Return Receipt Requested, to stop or change automatic payments and Nationwide will have a reasonable time (3 business days before the scheduled date of the transfer) to implement the request. I/We agree to notify Nationwide in writing of any changes in my/our account information at least 3 business days prior to the next due date. I/We will not attempt to revoke this payment authorization except as provided herein. I/We acknowledge that payment transactions must comply with the provisions of applicable law and the Rules of NACHA (formerly the National Automated Clearing House Association). I/We request the financial institution that holds the account to honor all payments initiated in accordance with this authorization form.
- 4) This authorization is voluntary and is not a condition to Nationwide's extension of credit to me/us. I/We understand that this plan can be cancelled by me/us at any time consistent with the terms of paragraph 3 above.
- 5) I/We understand that I/we will receive an acknowledgement of this Authorization prior to the first payment, and that I/we should print and keep a copy for my/our records.

Signature of Authorized Account Signer	Account Signer Street Address
olghatare of Authorized Account olgher	Account digner direct Address
Printed Name of Authorized Account Signer	Account Signer City, State, Zip
Timed Name of Nation2ed Noodulit Olyner	7.000 drit digital dity, diato, zip
Date	SSN (last 4 digits)
54.6	Cort (last 1 digito)
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Office Use Only:				
Account Number				 _
Initials				





I/We authorize Nationwide Northwest LLC ("Nationwide") to debit the amount of my/our installment payments on my/our retail installment contract from my/our checking account listed below. This also authorizes the bank named below to debit my/our bank account each month until my/our account is paid off or this Agreement is terminated by me/us.

Bank Account Information				
Name on Account				
Bank Name				
Bank City, State, Zip				
ABA Routing Number				
Checking Account Number				
Please attach a voided chec	<mark>k or printout from bank incl</mark>	uding name on account, and routing and account numbers.		
I/We authorize Nationwide to	debit my/our bank accοι	unt as provided below:		
authorize Nationwide payment date falls or executed on the next reason (other than tells)	1) The amount of the transfer will be \$ each month beginning I/We also authorize Nationwide to initiate transactions to correct any erroneous payment transaction. If any payment date falls on a weekend or holiday, I/We understand and agree that the payment may be executed on the next business day. If a payment is rejected by my/our financial institution for any reason (other than termination of this authorization), including without limitation insufficient funds, I/we understand that Nationwide may at its discretion attempt to process the payment again.			
If a transfer varies fr transfer.	 If a transfer varies from the amount in 1), Nationwide will give me/us 10 days prior notice of such transfer. 			
3) This authorization shall remain in effect until I/we notify the bank or Nationwide receives written request from me/us by Certified Mail, Return Receipt Requested, to stop or change automatic payments and Nationwide will have a reasonable time (3 business days before the scheduled date of the transfer) to implement the request. I/We agree to notify Nationwide in writing of any changes in my/our account information at least 3 business days prior to the next due date. I/We will not attempt to revoke this payment authorization except as provided herein. I/We acknowledge that payment transactions must comply with the provisions of applicable law and the Rules of NACHA (formerly the National Automated Clearing House Association). I/We request the financial institution that holds the account to honor a payments initiated in accordance with this authorization form.				
4) This authorization is voluntary and is not a condition to Nationwide's extension of credit to me/us I/We understand that this plan can be cancelled by me/us at any time consistent with the terms of paragraph 3 above.				
 I/We understand that I/we will receive an acknowledgement of this Authorization prior to the firs payment, and that I/we should print and keep a copy for my/our records. 				
Signature of Authorized Account Signer		Account Signer Street Address		
Printed Name of Authorized Account Signer		Account Signer City, State, Zip		
Date		SSN (last 4 digits)		
		XXX - XX -		
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Office Use Only:
Account Number _____
Initials _____



Office Use Only: Account Number

Initials



VOLUNTARY AUTHORIZATION TO PARTICIPATE IN NATIONWIDE'S AUTOMATIC PAYMENT PLAN

I/We authorize Nationwide Southeast LLC ("Nationwide") to debit the amount of my/our installment payments on my/our retail installment contract from my/our checking account listed below. This also authorizes the bank named below to debit my/our bank account each month until my/our account is paid off or this Agreement is terminated by me/us.

•				
	Bank Accou	unt Information		
Name on Account				
Bank Name				
Bank City, State, Zip				
ABA Routing Number				
Checking Account Number				
Please attach a voided chec	k or printout from bank incl	uding name on account, and routing and account numbers.		
We authorize Nationwide to	debit my/our bank accou	unt as provided below:		
authorize Nationwide payment date falls or executed on the next reason (other than ter	to initiate transactions n a weekend or holiday, t business day. If a par rmination of this authoriz	each month beginning I/We also to correct any erroneous payment transaction. If any, I/We understand and agree that the payment may be yment is rejected by my/our financial institution for any cation), including without limitation insufficient funds, I/we on attempt to process the payment again.		
 If a transfer varies from transfer. 	 If a transfer varies from the amount in 1), Nationwide will give me/us 10 days prior notice of such transfer. 			
3) This authorization shall remain in effect until I/we notify the bank or Nationwide receives written request from me/us by Certified Mail, Return Receipt Requested, to stop or change automatic payments and Nationwide will have a reasonable time (3 business days before the scheduled date of the transfer) to implement the request. I/We agree to notify Nationwide in writing of any changes in my/our accour information at least 3 business days prior to the next due date. I/We will not attempt to revoke thi payment authorization except as provided herein. I/We acknowledge that payment transactions must comply with the provisions of applicable law and the Rules of NACHA (formerly the National Automated Clearing House Association). I/We request the financial institution that holds the account to honor a payments initiated in accordance with this authorization form.				
,	I/We understand that this plan can be cancelled by me/us at any time consistent with the terms o			
5) I/We understand that I/we will receive an acknowledgement of this Authorization prior to the first payment, and that I/we should print and keep a copy for my/our records.				
Signature of Authorized Account Signer		Account Signer Street Address		
Printed Name of Authorized Account Signer		Account Signer City, State, Zip		
Date		SSN (last 4 digits)		
		XXX - XX -		
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I/We authorize Nationwide West LLC ("Nationwide") to debit the amount of my/our installment payments on my/our retail installment contract from my/our checking account listed below. This also authorizes the bank named below to debit my/our bank account each month until my/our account is paid off or this Agreement is terminated by me/us.

	Bank Account Information		
Name on Account			
Bank Name			
Bank City, State, Zip			
ABA Routing Number			
Checking Account Number			
Please attach a voided chec	k or printout from bank including name on account, and routing and account numbers.		
The amount of the tra authorize Nationwide payment date falls or executed on the next reason (other than ter	debit my/our bank account as provided below: ansfer will be \$ each month beginning I/We also to initiate transactions to correct any erroneous payment transaction. If any a weekend or holiday, I/We understand and agree that the payment may be business day. If a payment is rejected by my/our financial institution for any mination of this authorization), including without limitation insufficient funds, I/we have may at its discretion attempt to process the payment again.		
If a transfer varies from transfer.	om the amount in 1), Nationwide will give me/us 10 days prior notice of such		
•	Il remain in effect until I/we notify the bank or Nationwide receives written request		

- 3) This authorization shall remain in effect until I/we notify the bank or Nationwide receives written request from me/us by Certified Mail, Return Receipt Requested, to stop or change automatic payments and Nationwide will have a reasonable time (3 business days before the scheduled date of the transfer) to implement the request. I/We agree to notify Nationwide in writing of any changes in my/our account information at least 3 business days prior to the next due date. I/We will not attempt to revoke this payment authorization except as provided herein. I/We acknowledge that payment transactions must comply with the provisions of applicable law and the Rules of NACHA (formerly the National Automated Clearing House Association). I/We request the financial institution that holds the account to honor all payments initiated in accordance with this authorization form.
- 4) This authorization is **voluntary** and is not a condition to Nationwide's extension of credit to me/us. I/We understand that this plan can be cancelled by me/us at any time consistent with the terms of paragraph 3 above.
- 5) I/We understand that I/we will receive an acknowledgement of this Authorization prior to the first payment, and that I/we should print and keep a copy for my/our records.

Signature of Authorized Account Signer	Account Signer Street Address
Printed Name of Authorized Account Signer	Account Signer City, State, Zip
Date	SSN (last 4 digits)
	xxx - xx -

Office Use Only:
Account Number
Initials