



4315 Pickett Road
P.O. Box 3999
St. Joseph, MO 64503-0999

Calls to or from this company may be monitored and recorded for quality assurance.

SYSTEMS & SERVICES TECHNOLOGIES, INC.

Customer Name:

Hours of Operation:
Monday through Friday 7am-10pm CT
Saturday 8am-12pm CT

Address:

SST Account Number:
Creditor:

City, State, Zip:

Date:

AUTHORIZATION TO DEBIT ACCOUNT

I (we) hereby authorize Systems & Services Technologies, Inc. ("SST") to initiate monthly electronic debit entries to the checking or savings account listed below ("Account"), at the financial institution named below ("Financial Institution"). I acknowledge that the origination of electronic debits to my Account must comply with the provisions of U.S. law.

I may cancel this agreement at any time by providing written notification to SST, at the address noted above. I agree to allow SST a minimum of three (3) business days prior to the draft date to stop electronic deductions from my account. I have the right to have an unauthorized debit re-credited to my account in accordance with the applicable provision of the Electronic Fund Transfer Act as implemented by Federal Reserve System Regulation E. I am responsible for any fees incurred for a dishonored payment, and agree that dishonored payments could result in a cancellation from electronic deduction privileges. SST may cancel this agreement at any time for any reason. By signing this authorization, I acknowledge that I have read and agree to the conditions set forth in this agreement.

Customer Name(s) _____

Address _____

City/State/Zip _____

SST Account Number: Account Number

CUSTOMER'S FINANCIAL INSTITUTION

Name of Institution Where Account is Held _____

City/State/Zip _____

Type of Account Checking Savings

Date of Debit: The _____ day of each month.

ABA Routing Number _____

Month to Start Debit _____

Account Number _____

Amount of Debit* _____

THE AMOUNT DEBITED FROM THE ACCOUNT EACH MONTH MUST BE EQUAL TO OR GREATER THAN THE MONTHLY PAYMENT AMOUNT ON THE LOAN. TO ENROLL IN THE EFT PROGRAM YOUR ACCOUNT MUST BE IN A CURRENT STATUS. THIS AMOUNT WILL BE DEBITED EACH MONTH ON THE DATE YOU SPECIFIED; HOWEVER, IF YOUR PAYMENT DATE OCCURS ON A NON-BUSINESS DAY, YOUR ACCOUNT WILL BE DEBITED THE NEXT BUSINESS DAY.

ATTACH A VOIDED CHECK TO THIS AUTHORIZATION FORM.

Signature of Account Owner(s) _____ Date _____

*You may return this authorization via facsimile at (866) 311-6715 or sign up via our website, www.accountinfo.com. Please retain a copy of this Authorization for your records. SST may assign this Authorization in the event my loan or the servicing thereof is transferred to another entity.

This is an attempt to collect a debt. Any information obtained will be used for that purpose.

Systems & Services Technologies, Inc.