



Bank Draft Authorization

I authorize Capital Auto Financial to draft the full amount of my monthly payment from the financial institution listed below. I have the right to stop automatic payment ant anytime upon 30 days written notice to Capital Auto Financial.

Checking Account **Savings Account**

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

Bank Name: _____

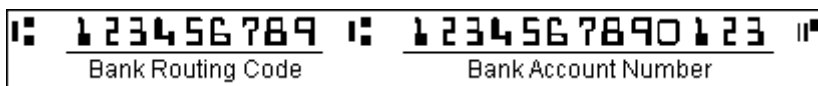
Bank Routing Number: _____

Bank Account Number: _____

Amount of Payment: _____

Effective Date: ___/___/___ (mm/dd/yyyy)

How to Find Your Account and Routing Numbers



Name: _____ **Signature:** _____

Date: _____ (mm/dd/yyyy)

You may send this form by mail, fax or email to the following:
Capital Auto Financial: PO Box 10543 Raleigh, NC 27605 Fax: 919-828-6095
Email: chris@capitalautofinancial.com