

# Action Financial Services, LLC

## Recurring Payment Authorization Form

Sign and complete this form to authorize Action Financial Services, LLC to make a debit from your account listed below.

By signing below, I authorize Action Financial Services, LLC. to charge the account identified below on or after the dates and in the amounts set forth below. AFS may charge my account as early as 12:01 a.m. P.T. on the payment date. In the event any charge is not successful, I authorize AFS to reinitiate the charge up to two times. In the event AFS makes an error in processing a charge, I authorize AFS to initiate a charge to correct the error. If any information I provided to AFS regarding my account or financial institution is missing or erroneous, I authorize AFS to verify and correct such information.

This Authorization will remain in effect until my account is paid in full unless I terminate this authorization by either calling AFS during business hours at (888) 253-4239, or writing AFS at P.O. Box 3250, Central Point, OR 97502, at least three business days before AFS initiates the charge I wish AFS to cancel or in such shorter time that allows AFS to act on my request. **I will contact AFS as soon as possible before my payment date if I will not have enough money in my account to cover my payment so that AFS can attempt to stop the payment and arrange for a different method of payment. I understand my financial institution may impose a fee each time a charge is returned unpaid and AFS is not liable for this fee.**

You will need to keep a copy for your records and fax the completed form to 1-844-965-9229 or scan the form and send a Secure Email to [mailadmin@actionfinancial.us.com](mailto:mailadmin@actionfinancial.us.com). By signing below, you acknowledge that you have received, saved, printed or made a copy of this Authorization for your records.

Please complete the information below:

I \_\_\_\_\_ authorize Action Financial Services to withdraw from the account  
(Account Holder Name)

option I selected below in the amount of \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each month.  
(Amount)

Billing Address associated with this bank account \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Borrower Name \_\_\_\_\_ Borrower Phone # \_\_\_\_\_

Borrowers Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Bank Holder if different from the Borrower \_\_\_\_\_

Should you have any questions, please contact Action Financial Services at 888-253-4239. This communication is from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose.

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Borrower Account Number or Social Security Number \_\_\_\_\_

Please fill out one of the following options:

### Debit Card

Account Type: Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>
Cardholder Name _____
Card Number _____ Expiration Date _____
CVV (3-digit number on back of Visa/MasterCard) _____

### Electronic Check

Name as it appears on your account: _____
Routing Number _____ Account Number _____ Check Number _____
Name of the bank the payment will be withdrawn from: _____
Checking or savings: _____ Personal or Business Account: _____
**Please provide the above checking information as it appears on the bottom of your check**

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**Recurring Payment Authorization Form**  
(COPY FOR YOUR RECORDS)

**Borrower Account Number or Social Security Number** \_\_\_\_\_

**Please fill out one of the following options:**

**Debit Card**

Account Type: Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>
Cardholder Name _____
Card Number _____ Expiration Date _____
CVV (3-digit number on back of Visa/MasterCard) _____

**Electronic Check**

Name as it appears on your account: _____
Routing Number _____ Account Number _____ Check Number _____
Name of the bank the payment will be withdrawn from: _____
Checking or savings: _____ Personal or Business Account: _____
**Please provide the above checking information as it appears on the bottom of your check**

# Action Financial Services, LLC

## Recurring Payment Authorization Form

### IMPORTANT DISCLOSURE REGARDING YOUR RECURRING PAYMENTS TERMS:

**Payments:** Action Financial Services, LLC (AFS) will credit your payments as of the date they are received. We will send you a monthly payment reminder before the scheduled date of transfer.

**Business Days:** For purposes of these disclosures, our business days are Monday through Friday. Holidays are not included.

**Type of Transfer:** We may process your payment as early as 12:01 a.m. Pacific Standard Time on the payment date. In the event any charge is not successful, you authorize us to reinitiate the charge up to two times. In the event we make an error in processing a charge, you authorize us to initiate a charge to correct the error. If any information you provided to us regarding your Card or financial institution is missing or erroneous, you authorize us to verify and correct such information.

**Contacting AFS:** If you notice any problem regarding your payment(s), including any error or unauthorized payment, if you think your payment reminder is wrong or if you need more information about a transfer listed on the payment reminder, please contact Action Financial Services, LLC at (888) 253-4239 between the hours of 8 a.m. to 5 p.m. Pacific Time, Monday through Friday, at our email address of mailadmin@actionfinancial.us.com, or by mail at (address) PO Box 3250 Central Point, Oregon 97502.

**Error Resolution:** We must hear from you no later than 60 days after you receive the FIRST statement, receipt or payment reminder on which the problem or error appeared. Please provide us with the following information so that we may address your concerns: (1) Tell us your name and account number; (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information (3) Tell us the dollar amount of the suspected error. If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days, along with any supporting receipts or statements. We will determine whether an error occurred within 10 business days after we hear from you and will correct any error promptly. If we investigate and determine no error was made, we will send you a written explanation. You may ask for copies of documents that we used in our investigation.

**Cancellation of Payments:** You have the right to cancel this payment arrangement or stop any payment by contacting us at the phone numbers or address above. However, your request to cancel, stop or change your payment date must be made 3 business days or more before the scheduled date of transfer. If you call in this request, we may also require you to put your request in writing and get it to us within 14 days after you call.

**AFS's Liability:** If you order us to stop one of these payments 3 business days or more before the transfer is scheduled, and we do not do so, we will be liable for your losses or damages.

**Payer's Liability:** Cancellation, suspension of your credit card or checking account or insufficient funds to cover your monthly payment can affect your authorized recurring payments and your ability to complete the Student Loan Rehabilitation Program. Notify our office at least 3 business days in advance if you believe you have insufficient funds to cover your payment so that we can attempt to stop the payment and arrange for a different method of payment.

**Fees:** Your financial institution may impose transaction fees in the normal course of business, or a fee each time a charge is returned unpaid and we are not liable for those fees.

**Confidentiality:** We will disclose information to third parties about your account or the transfers you make: (i) where it is necessary for completing transfers, or (ii) In order to comply with government agency or court orders, or (iii) If you give us your written permission.

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**Should you have any questions, please feel free to contact your representative at 888-253-4239.**