

OPTIONAL ELECTRONIC PAYMENT AUTHORIZATION

Loan Account Number: _____
(Required)

This is authorization for Performance Equity Partners, Inc. (PEP) to charge my
checking/savings account number _____ at _____
(Name of Bank)
on my contract due date for monthly loan payments beginning _____.
(Date)

**IN ORDER TO COMPLETE THIS REQUEST, YOU MUST ATTACH A VOIDED
CHECK FROM THE CHECKING ACCOUNT OR PROVIDE THE ACCOUNT NUMBER
AND TRANSIT ROUTING NUMBER (ABA NUMBER) FROM THE ACCOUNT FROM
WHICH YOUR PAYMENT WILL BE DEBITED.**

Customer Name: _____

Address: _____

Phone Number: _____

I understand that this automated payment option may be cancelled by PEP should the account from which funds are debited not have sufficient funds more than two months in succession. In the event that insufficient funds in the above account occur, I am responsible for all applicable late fees and bank charges. This authorization is to remain in effect until PEP has received written notification from me of its termination in such time and manner as to afford PEP and Depository a reasonable opportunity to act on the termination directive.

Signature: _____ Dated: _____

Please return this authorization form with your voided check (if applicable) to:

Performance Equity Partners, Inc.
P.O. Box 239
Mokena, Illinois 60448-0239

Phone: (708) 478-8678 Fax: (708) 478-6568