



E-Z Payment Enrollment

CLEARWATER CREDIT COMPANY ID# 20-2325831

I, (we) hereby authorize Clearwater Credit Company, hereinafter called COMPANY, to initiate entries to my (our) checking/savings account indicated below at the depository named below, hereinafter called DEPOSITORY.

Bank or Credit Union Depository

Name _____

City _____ State _____ Zip Code _____

Please enter and confirm checking account numbers below:

Routing Number _____ Account Number _____

***** **Please send a copy of a voided check (not a starter check)** *****

This authorization is to remain in full force and effect until COMPANY has received written notification from either me or either of us of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. **Termination will require 48 hours upon notification.**

Buyer _____ SS# _____
(please print)

Signature _____ Date _____

Co-Buyer _____ SS# _____
(please print)

Co-Buyer Signature _____ Date _____

Payment Information

_____ Payments @ \$ _____ Pay Period _____

Requested E-Z Pay Start Date _____

***** **IMPORTANT! Please note the following:** *****

Monies must be in the depository account on your payment due date.

E-Z Pay will not be available for your first payment(s), therefore we suggest one of our alternative methods of payment – money order, money gram, or debit card.

Your CCC account must be current to utilize E-Z Pay. An insufficient funds notice from your bank, for any reason, will discontinue your participation in our E-Z Pay service.

JAN20/sw