



AUTOMATIC PAYMENT AUTHORIZATION FORM

By signing below, I (We) authorize BCI Financial Corporation to debit My (Our) checking account for future payments to the BCI retail instalment loan account listed below. I (We) understand that I (We) may cancel this request with ten (10) days written notice. I (We) further understand that I (We) are responsible for any fees (overdraft, NSF etc.) that may occur as a result of this transaction. This service will continue until the BCI retail instalment loan account is either paid off or until either you or BCI cancel it.

Please allow 10 days for the first payment to be taken from your checking account. The payment will occur monthly on the payment due date or the first business day after the payment due date.

Borrower 1 Name _____ BCI Retail Installment Account # _____ Todays Date _____

Borrower 2 Name _____ Primary Phone Number _____ Payment Amt. \$ _____

Address _____ City _____ State _____ Zip _____

Bank Name _____ City _____ State _____ Zip _____

Checking Account Number _____ Bank (ABA/Routing) Number _____

*You will find the checking account number and the ABA/Routing bank number at the bottom of your actual check. *
I (We) acknowledge that the origination of ACH's to my/our account must comply with U.S. law.*

Signed Borrower 1 _____ Signed Borrower 2 _____

Email Address Borrower 1 _____ Email Address Borrower 2 _____

Please sign up today for this free service by completing and returning this form to:

BCI Financial Corporation, P.O. Box 876, Cheshire, CT 06410

Or by email to: CustomerService@BCIFinancial.com