

AUTOMATIC PAYMENT OPTION FORM

I/we authorize C&F Finance Company to withdraw my/our scheduled monthly payment from my/our account. I/we understand that I/we must continue to remit my/our monthly payment until such time as I/we receive confirmation from C&F Finance Company of the date automatic will begin. **Up to 45 days may elapse before automatic payments begin.**

This authority is to remain in full force and effect until C&F Finance Company has received written notification from me (or either of us) of its termination in such manner as to afford C&F Finance Company a reasonable opportunity to act on it.

Name(s) _____
C&F Finance Loan Acct # _____
C&F Finance Loan Payment Due Date: _____
Street Address: _____
City/State/Zip: _____

Signature _____ Date _____

Signature _____ Date _____

Please Attach A Voided Check

(no starter checks accepted for the automatic payment option)

P. O. Box 38456
Richmond, VA 23231