



# WACHOVIA DEALER SERVICES

## ALP AUTHORIZATION FORM

New Setup     Change Setup     Cancel Setup (for office use only)

### Terms, Conditions, and Agreements

I understand that it may take up to seven (7) business days for the Automatic Loan Payment Program to be initiated. I will continue to make my monthly payment until I receive written notification from Wachovia Dealer Services, Inc. that my ALP application has been processed. I understand that my pre-authorized transfer will occur on the contractual due date as agreed and determined under my contract/loan. If my transfer date falls on a Sunday or holiday, the transfer will occur the next business day. I shall receive documentation that the pre-authorized transfer occurred and the amount of the transfer by notice on my monthly billing statement.

If during the term of this authorization Wachovia Dealer Services, Inc. receives a Notice of Change (NOC) from a financial institution related to a change in my account or my bank, Wachovia Dealer Services, Inc. is authorized to update its records accordingly as required by NACHA guidelines. If Collateral Protection (Material Damage) Insurance is placed on my account, if I have a variable rate loan or if my payment has been reduced due to my eligibility under the Servicemembers Civil Relief Act, I understand and agree that my monthly payment may change and authorize Wachovia Dealer Services, Inc. to adjust the ALP accordingly.

The ALP program may be canceled by Wachovia Dealer Services, Inc. for any of the following reasons and notification will be mailed to me when: (1) the account becomes delinquent. (2) the debit account is closed or Wachovia Dealer Services, Inc. is unable to complete the pre-authorized transfer for any reason, and/or (3) funds are not available at the time of transfer.

I understand and agree that if the funds are not available at the time of transfer, the credit to my loan will be rejected or reversed. If I fail to make the payment by my contractual due date as agreed and determined under my contract/loan, I may be assessed a late charge and/or a non-sufficient funds fee, if applicable. I understand that if I wish to cancel my pre-authorized transfer, I will notify Wachovia Dealer Services, Inc. by telephone, fax or mail at least 7 business days prior to the next scheduled due date or payments may still be debited from my bank account. To cancel ALP, please notify Wachovia Dealer Services, Inc.: **By Telephone:** 800-289-8004, Monday - Friday, 5 a.m. to 7 p.m. PT **By Fax:** 1-866-884-9701, **By Mail:** Wachovia Dealer Services, Inc., ALP Department CA6223, P. O. Box 19733, Irvine, CA 92623-9733.

### PART 1: CUSTOMER INFORMATION

Borrower Name	Co-Borrower Name		
Address	City	State	Zip
Daytime Phone Number			

### PART 2: BANK ACCOUNT INFORMATION

Bank Account Holder Name	Bank Name		
Bank Address	City	State	Zip
Bank ABA/Routing Number	Bank Account Number		
Account Type	<input type="checkbox"/> Checking (please enclose a voided check) <input type="checkbox"/> Savings (no additional documentation is required)		

### PART 3: WACHOVIA DEALER SERVICES ACCOUNT INFORMATION (the amount transferred each month must be equal to or greater than the monthly payment)

Contract/Loan Account Number (the account that will receive the funds)	Amount to be Transferred Each Month
--	-------------------------------------

### PART 4: AUTHORIZATION

I hereby authorize and direct Wachovia Dealer Services, Inc. to transfer my loan payment from the bank account specified in Part 2 to the Wachovia Dealer Services, Inc. account specified in Part 3. This transfer will be made on the contractual due date as agreed and determined under my contract/loan until I notify you that this authority is being terminated. I understand that my loan must be current and remain in good standing. If Collateral Protection (Material Damage) Insurance is placed on my account, if I have a variable rate loan or if my payment has been reduced due to my eligibility under the Servicemembers Civil Relief Act, I understand and agree that my monthly payment may change and I authorize Wachovia Dealer Services, Inc. to adjust the ALP amount and notify me accordingly. I understand and agree that this Authorization will be subject to all terms and conditions as outlined in this agreement and that I am an authorized signer on the account to be debited.

\_\_\_\_\_  
Signature of Bank Account Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Wachovia Dealer Services, Inc. Customer

\_\_\_\_\_  
Date

Send completed form to: Wachovia Dealer Services, Inc., ALP Department CA6223, P. O. Box 19733, Irvine, CA 92623-9733 or fax to 1-866-884-9701.

If you have any questions about the Automatic Loan Payment Program, your account information, or other products and services, visit our web site at [wachoviadealer.com](http://wachoviadealer.com) or call 800-289-8004.