



Date: _____

Introducing the Gateway Automatic Payment Program; The Automatic Payment Program will automatically post the payment amount to your Gateway account on a monthly basis on the date you specify below.

Getting started on the Automatic Payment Program is easy.

- 1) Complete the entire form.
- 2) **Only one payment method is allowed.**
 - a. To use your checking account, indicate checking account and complete only the checking account section.
 - b. To use your savings account, indicate savings account and complete only the savings account section.

** Certain savings account transfers are limited to 6 per month. Check with your bank for any restrictions that may apply **
- 3) Please ensure each person on the bank account signs the authorization below.
- 4) If you choose checking, return this form with a voided check to the address below.
- 5) If you choose savings, return this form with a voided savings deposit slip to the address below.
- 6) Continue to make monthly payments on your account until you have received confirmation of your enrollment.
- 7) Automatic Payment Program forms received within 3 business days prior to your desired start date will not take effect until the following month's automatic payment date. Please make sure all due payments are made until the Automatic Payment date takes effect.
- 8) To cancel/stop any payments through the Automatic Payment Program, please call us at least 3 business days prior the scheduled payment day at **888-810-8740** 6am-6pm PST.
- 9) **You can also setup Automatic Payments online at GatewayOneLending.com.**

Gateway One Automatic Payment Program Enrollment Authorization

I (we) hereby authorize and request Gateway One Lending & Finance, LLC. (Gateway) to initiate electronic debit entries or effect a charge by any other commercially accepted practice to my (our) checking/savings account at the financial institution indicated below, and I (we) authorize and request said financial institution to honor the debit entries initiated by Gateway and debit such account. This authorization is for payments described in the related retail installment contract or lease agreement. This authorization is to remain in effect until its termination in such a manner and time as to afford Gateway and the financial institution a reasonable opportunity to act upon it, or all payments required by the retail installment contract or lease agreement have been made. I (we) understand and agree that Gateway may discontinue the automatic payment withdrawals at any time.

Customer Name:

Gateway Account Number:

Address

Payment Amount:

Start Date:

Please select one payment method: Checking Savings

Checking/Savings Account Please complete the fields below.	
Bank Name: _____	
Bank Routing Number: _____	Bank Account Number: _____

Name of Bank Account Owner(s):

Signature of Bank Account Owner(s):

Please print, sign, and send one completed copy along with VOIDED check/deposit slip to:

Gateway One Lending & Finance, LLC
160 N. Riverview Dr. Suite 100, Anaheim CA, 92808

Or scan and email to CS@GatewayOneLending.com; or fax to 714-844-4536

This statement is an attempt to collect a debt and any information obtained will be used for that purpose. If you do not, within 30 days of receipt of this notice, dispute the validity of the debt, or any portion thereof, we will assume the debt to be valid. If you notify us in writing within 30 days after receiving this notice that you dispute the debt, or any portion thereof, we will obtain verification of the debt or a copy of a judgment against you, and will mail you a copy of verification, writing or judgment evidencing the debt. If within this 30 day period, you request, in writing, the name and address of original creditor, we will provide you with that information if different from the current creditor designated.



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Please retain the second copy for your records.