



PAC Auto Finance
PO Box 571680 Salt Lake City, Utah 84157
Tel: 801.312.0700 Fax: 801.312.0760

Automatic Bill Pay Form (Optional)

Account Number: _____

Name on Account: _____

Payment Amount: _____

Your payment will be debited each month on the contracted due date beginning: _____

Check By Phone

Name on Account: _____

ABA: _____

Account No: _____

Type of Account: Checking Savings

Credit/Debit Card

Name as it appears on your card: _____

Billing Address: _____

Card Type: _____

CC No. _____

Expiration Date: _____

3-Digit Security Code: _____

By signing below, you (the account holder of the loan referred above) authorize PAC Auto Finance to debit your bank/credit account monthly. PAC Auto Finance can only debit your account ONE time per month. In the case of your account being delinquent, we will include a late charge (as specified in your loan contract) and past due monthly payment amount due. The \$8.00 payment processing fee is waived for the auto-pay service when processed on your contractual due date; if your auto payment is processed after your due date, then this fee will be assessed. Fees are subject to change anytime without notice.

Signature: _____ Date: _____

(Must be an authorized signor on the bank/credit account)