



P.O. Box 542000  
Omaha, NE 68154-8000

### Automatic Payment Enrollment Authorization

Please find the required enrollment form for the automatic transfer of payments from your checking or savings account to your Volvo Car Finance North America account on the monthly due date. Please follow the steps noted below:

- Step 1 Using a ball-point pen, complete the enrollment form below.  
*Note: If using a corporate business checking account, a corporate resolution is required. If using a savings account, contact your financial institution for the correct routing number.*
- Step 2 Sign and date the form.
- Step 3 Fax the form to **866-639-5732** and retain for your records.

OR

Mail the form to: VOLVO CAR FINANCE  
P.O. BOX 54200  
OMAHA, NE 68154-8000

Once we process your Automatic Payment enrollment form, you will be notified of your enrollment on your monthly invoice. **Please note, the enrollment form must be received and processed at least five (5) business days before the next payment due date to ensure your bank account is debited for the next payment.** In the event you wish to change your checking or savings account information, a new enrollment form will be necessary. You can also update this information on-line at [www.volvocarfinance.com](http://www.volvocarfinance.com) through "Account Manager"

If you have any questions, please contact Customer Service Center at **866-573-2242**.

Sincerely,

Volvo Car Finance North America

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#### Automatic Payment Enrollment Authorization

I/We hereby request and authorize Volvo Car Finance North America ("Volvo Car Finance") to initiate withdrawals from the bank/credit union account named, as agreed between Volvo Car Finance and the bank/credit union account named, funds payable to Volvo Car Finance. This authorization may be canceled at any time by Volvo Car Finance. We/I may cancel this authorization by contacting Volvo Car Finance orally, in writing, or by completing cancellation online at our website ([www.volvocarfinance.com](http://www.volvocarfinance.com)) and said cancellation shall be effective five (5) business days after receipt of the request.

#### Volvo Car Finance Account Holder Information

Customer Name \_\_\_\_\_

Account Number \_\_\_\_\_

Vehicle Identification Number \_\_\_\_\_  
(If Account Number is not available)

Bank/Credit Union Name \_\_\_\_\_

Please select Account     Checking    or     Savings

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Customer Signature \_\_\_\_\_

Checking or Savings Account Owner's Name \_\_\_\_\_

If payment is to drawn from checking or savings account of someone other than the Ford Credit account holder, please complete the following:    Account Owner's Signature \_\_\_\_\_