



Volvo Car Finance North America

### Automatic Payment Enrollment Authorization

Thank you for your interest regarding enrollment in our Automatic Payment program. Enrollment will allow you to automatically pay your monthly Volvo Finance payment via a funds transfer from your checking or savings account on each due date. To initiate the automatic transfer of payments from your checking or savings account to your Volvo Finance account on the monthly due date, please log onto "Account Manager" at [www.volvocarfinance.com](http://www.volvocarfinance.com) or complete the enrollment form below. Upon completion of the form, you can return it using one of the following methods:

**FAX – Fax the form to 866-307-4595**

**MAIL – Mail the form to Volvo Finance, PO Box 542000, Omaha, NE 68154-8000**

Please note, the enrollment form must be received and processed **at least three (3) business days before the next payment due date** to ensure your bank account is debited for the next payment. In the future, you may change your bank account information on-line at [www.volvocarfinance.com](http://www.volvocarfinance.com) through "Account Manager" or submit a new enrollment form.

Please contact us at 866-674-2242 if you have any questions.

Sincerely,

Volvo Car Finance North America

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**IMPORTANT: Please complete this section using a ballpoint pen. Be sure to sign and date the form. If using a corporate business account, a corporate resolution must accompany this form. If using a savings account, please contact your financial institution for the correct routing number.**

#### Automatic Payment Enrollment Authorization

I/We hereby request and authorize Volvo Car Finance North America ("Volvo Finance") to initiate withdrawals from the bank/credit union account named, as agreed between Volvo Car Finance and the bank/credit union named, or to draw by electronic funds transfer from the bank/credit union account named, funds payable to Volvo Car Finance. This authorization covers the schedule of payments or other amounts due as described in the contract. This authorization may be canceled at any time by Volvo Car Finance. I/We 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 three (3) business days after receipt of 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 /Savings Account Owner's Name \_\_\_\_\_

If payment is being drawn from checking or savings account of someone other than the Volvo Car Finance account holder, please complete the following:

Account Owner's Signature \_\_\_\_\_