



Date: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

ELECTRONIC FUNDS TRANSFER  
 ENROLLMENT FORM

**Please complete this form and send with an original voided check to utilize a checking account.** If you do not have checks or are utilizing a savings account, please complete this form and send with a letter from your bank verifying the bank routing number and your savings / checking account number to the address noted above. You will be notified of the start date for when the EFT will be effective on your checking or savings account. The payments will be deducted on your payment due date each month as disclosed in your contract. Until that time, please continue to make your payments manually by check or money order. If you have any questions, feel free to call us at 1-800-204-0932

Account Number: \_\_\_\_\_ Date: \_\_\_\_\_

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

Daytime Phone Number: \_\_\_\_\_

Pay to the Order of: Symmetry Auto Finance Payment Amount of \$ \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Account Type (check box):     Checking     Savings

Bank Account Owner Signature: \_\_\_\_\_

Last Four Digits of SSN: \_\_\_\_\_

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

I/We hereby request and authorize Symmetry Auto Finance to initiate withdrawals from the checking or savings account named above as agreed between Symmetry Auto Finance and the bank named above, or to draw by electronic funds transfer from the checking or savings account named above, funds payable to Symmetry Auto Finance. This authority covers the monthly payments due pursuant to the schedule of payments. This authorization may be canceled at any time by Symmetry Auto Finance. I/We may cancel this authorization by providing Symmetry Auto Finance written notice. Symmetry Auto Finance will require a minimum of three (3) business days after notice is given to cancel further withdrawals.

**Email completed form and voided check to: AchEnrollment@DefiSolutions.pure.cloud**

John Doe  
 123 Main St  
 Anywhere US 10111

\_\_\_\_\_  
 Date

Attach  
 Voided  
 Check Here

PAY TO THE  
 ORDER OF

**VOID**

DOLLARS

Your Bank

MEMO \_\_\_\_\_

012345678

1001001234

0123