



## AUTO PAY Enrollment Form and Authorization Agreement

### Step 1 Please complete this Authorization Agreement:

I (WE) hereby authorize Santander Consumer USA Inc. to debit the monthly payment owed to Santander Auto pursuant to my (our) motor vehicle retail installment contract, including any late fees, NSF fees, or other amounts then due as described in the contract, automatically on the monthly payment due date set forth in said contract from my (our) below-described bank account. Santander Consumer USA may cancel this authorization at any time. I (WE) may cancel this authorization by contacting Santander Consumer USA in writing and said cancellation shall be effective five (5) business days after receipt of request. I (We) have the right to receive written notice at least ten (10) days before the scheduled date of a monthly payment debit if the debit will be different in amount from the prior debit made under this Agreement, or different from the contract payment amount (plus any late charges, NSF fees, and other fees and charges that may be due). I (We) also have the option of receiving this written notice only if a debit falls outside a certain dollar range, or only when a debit will differ from the most recent debit by more than a certain dollar amount.

\_\_\_\_\_  
Borrower's Full Name (Please print)

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Co-Borrower's Full Name (Please print)

\_\_\_\_\_  
Co-Borrower's Signature

**If payment is to be drawn from checking or savings account of someone other than the Santander Consumer USA Inc. account holder, please complete the following information:**

\_\_\_\_\_  
Authorized Name on account

\_\_\_\_\_  
Authorized Signature on account

### Step 2 Please complete Enrollment Information:

Account Type (please check one)  Checking  Savings

\_\_\_\_\_  
Santander Auto Account Number

\_\_\_\_\_  
Contract Payment Amount

\_\_\_\_\_  
ABA Routing Number

\_\_\_\_\_  
Financial Institution

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

\_\_\_\_\_  
Financial Institution's Address (City, State and Zip)

\_\_\_\_\_  
Financial Institution's Telephone Number

### Step 3 Mail or Fax form to Santander Consumer USA Inc.:

Complete and sign this form and **return with a voided check** to the address or fax number below:

**Mail to:**

Santander Consumer USA Inc.  
P.O. Box 562088  
Suite 900 North  
Dallas, Texas 75247

**Fax to:** 1-800-417-0251

