



Recurring Payment Authorization

I _____ authorize Crediflash LLC (DBA: Prestadito) to charge my Debit Card or Bank Account indicated below for _____ starting at _____ every _____ until _____ for my Personal Loan _____.

Billing Address: _____ **Phone:** _____

City, State, Zip: _____ **Email:** _____

Checking | Savings Account

Checking Savings

Name on Acct: _____

Bank Name: _____

Account Number: _____

Routing Number: _____

Bank City/State: _____



Every payment has a 0.5% processing fee up to a maximum amount of \$5.00

Debit | Credit Card

Visa MasterCard

Amex Discover

Cardholder Name: _____

Account Number: _____

Exp. Date: _____

CVV: _____

Processing Fees:

\$0.01 - \$99.99	\$1.00
\$100.00 - \$199.99	\$2.00
\$200.00 - \$299.99	\$3.00
\$300.00 - \$399.99	\$4.00
\$400.00 - More	\$5.00

If the retirement date that I chose does not match a working day, will be debited from my account to the next working day [or after]. All the payment dates and penalties for late payments will continue to be implemented as is established in the terms of my loan agreement regardless of the retirement date you have chosen.

1. By means of this I give my authorization to CREDIFLASH LLC, to debit monthly from the bank account specified above or of any substitute bank account that then specify (the "Account") the total amount of Withdrawal specified above track chamber of automatic compensation (Automatic Clearing House, ACH) or a similar electronic debit on or after the date of withdrawal up selected. I hereby certify that I am the owner of the Account and authorization is not required by any other party except mine to answer the charges to the account referred to in this Authorization. (If a different person is the owner of the account i understand that he/she must approve this authorization by signing below)



Crediflash LLC

Phone: (786) 233-8808
www.miprestadito.com

2. I receive a monthly account statement that will show the total amount owed on my loan. I understand that, for the purposes of this authorization, the status of my account I will in all cases be sent with at least ten (10) day's notice prior to the date of payment established. If you chose the option of Actual Amount Owed, CREDIFLASH LLC debit of the Account the amount owed reflected in the monthly account statement, [less any payment made to the loan from the last date of withdrawal that has been processed by CREDIFLASH LLC prior to the commencement of the charge to the Account].
3. I authorize CREDIFLASH LLC to debit my account any surcharge for late payment or returned. I authorize CREDIFLASH LLC to start a separate post by the amount of the surcharge [or to add the amount of the surcharge to charge up authorized]. (The surcharges are admitted in accordance with State Law and/or loan documents)
4. If you currently my loan is in arrears, the automatic charge will not begin until my loan was then in force, since CREDIFLASH LLC only deducted payments on loans. If at any time after running this authorization my loan falls into arrears, the deduction of payments were suspended until my loan re to be in force.
5. Agreement that CREDIFLASH LLC can restart any debit rejected to my account and that CREDIFLASH LLC can start a credit or debit card, as applicable, to my account in order to remedy any error in the incurred CREDIFLASH LLC in seeking a payment.
6. Both I and CREDIFLASH LLC we have the right to cancel this authorization at any time. I must notify CREDIFLASH LLC my desire to cancel the payment at least three (3) working days before the date of withdrawal in which desire that the cancellation becomes effective, forthwith by written notice to CREDIFLASH LLC at 1447 N KROME AVE, FL 33030.
7. I understand that my bank may impose their own surcharges in relation to charges returned or rejected, and I agree with that CREDIFLASH LLC does not have any liability in connection with such charges.
8. The conditions of this authorization does not modify the conditions of my loan. With my signature below, I accept the above conditions established, like I acknowledge receipt of a copy of this authorization that I will have to keep.

PLEASE FORWARD ALL MAIL TO: PO BOX 901823, HOMESTEAD, FL 33090

POR FAVOR ENVIAR TODA CORRESPONDENCIA A: PO BOX 901823, HOMESTEAD, FL 33090

Signature _____

Date _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Crediflash LLC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Crediflash LLC may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$15.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.