



PO Box 542000
Omaha, NE 68154-8000

Auto Debit Enrollment

The enrollment form for automatic transfer of payments from your checking or savings account to your Ford Credit account on the monthly due date is attached below. To assist you in completing the enrollment form, please follow the steps noted below.

Step 1 Using a ballpoint pen, complete two copies of 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 forms.

Step 3 Return one form and keep the second copy for your records.

Mail - Mail the completed and signed enrollment form to:
PO Box 542000
Omaha, NE 68154-8000
OR

Fax - Fax the completed and signed enrollment form to: **(402) 498-6981**

Once we process your Auto Debit Enrollment form, you will be notified of your enrollment on your monthly invoice. 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 <http://www.fordcredit.com> through "Account Access".

If you have any questions, please contact our Customer Service Center at **1-866-674-2242**.

Ford Credit Account Holder

I/WE hereby request and authorize Ford Credit to initiate withdrawals from the bank/credit union account named below as agreed between Ford Credit and the bank/credit union named, or to draw by electronic funds transfer from the bank/credit union account named, funds payable to Ford Credit. 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 Ford Credit. I/We may cancel this authorization by contacting Ford Credit orally, in writing, or by completing the cancellation online at our website <http://www.fordcredit.com>, and said cancellation shall be effective five (5) business days after receipt of request.

Customer Name

Account Number

Vehicle Identification Number (If Account Number is not available)

Bank/Credit Union Name

Please Select Account: Checking Savings

Bank Routing Number

Bank Account Number

Customer Signature

Checking/Savings Account Owner's Name

If payment is to be drawn from checking or savings account of someone other than the Ford Credit account holder, please complete the following:

Authorized Signature for Bank Account