

VISION FINANCIAL GROUP, INC. 615 IRON CITY DRIVE PITTSBURGH, PA 15205

Electronic Payment Request

Customer Name Contact Name/Em	nail		
Address			
City/State/Zip			
Contract #			
		together with its Successors and Assigns, ("Creditor") to ininit for all obligations, payments, fees, and rents due on the co	
One-time paymer	nt of \$or	Recurring payment for lease/contract(s) listed about	ve
agreement. If applicable overconsibility to	my/our checking account has draft and/or late fees. If the p make the payment manually	ole in my/our checking account on or before the due date as insufficient funds when the payment is due, I/we will payment is not made as a result of insufficient funds, it ly. I/we understand that no transfer may be made if the sor other encumbrance restricting the transfer.	be subject to will be my/our
of us) of its term Creditor and my	nination (if permissible under i	nd affect until Creditor has received written notification from r my contract/agreement), in such time and in such manne opportunity to act on it. This Authorization may be cancel trmination.	er as to afford
I/We agree to m	ake payments manually until C	Creditor has had a reasonable time to establish this reques	st.
I/We agree to n checking accour		(if applicable) payments manually as they will not be po	ulled from our
<mark>⇒</mark> Bank Name			
<mark>⇒</mark> Bank Routing	Number		
<mark>⇒</mark> Account Numb	per		
		Authorization	
<mark>⇒</mark> Authorized Sig	gnature and Title	<mark>⇒</mark> Date:	
Ple	ease fax this form to 4	412-539-1599 or email to kim@vfgusa.com	m
		E VOIDED CHECK HERE**	-
	** PLACE	E VOIDED CHECK HERE**	
Don & Jane I 123 Main St Anywhere US		Date	
PAY TO THE ORDER OF	<u> </u>		
Bank's Address Is Here	Bank ID Number is Here	Account Number is Here	