

# Automatic Payment Plan



GM Financial is pleased to offer the Automatic Payment Plan ("Plan") as a method to remit your scheduled payment. The Plan allows you to have your payment withdrawn as scheduled from your bank account.

### How the Plan Works

Your bank will deduct the scheduled payment amount from your checking or savings account on your assigned due date and transfer the funds to GM Financial. This transaction will be processed on your scheduled due date regardless of whether your account is current, delinquent, or paid ahead. If your scheduled due date is on the 29th, 30th, or 31st in a month that does not have those calendar days, your scheduled payment will be drafted on the last calendar day of the month. During the life of your account, the Plan will adjust if there are any changes to your scheduled payment amount, not to exceed 25% of the contracted scheduled payment amount.

### How to Apply

Complete the Authorization Agreement section of this form and attach the appropriate document as noted below:

**Checking Account:** Attach a voided check.

**Savings Account:** Attach a signed letter from your bank on their letterhead, with your name, bank account number and routing number. Please mail, email or fax the required information.

**Email:** autopay@gmfinancial.com

**Fax:** 1-877-581-6055

**Mail:** GM Financial  
APP Department  
P.O. Box 183621  
Arlington, TX 76096-3621

### Hours of operation:

Mon-Fri:  
7 a.m. - 6 p.m. CT  
Sat:  
9 a.m. - 1 p.m. CT

### When the Plan Will Start

After the form and proper documentation have been received, approximately 10 days are required to establish this service with your bank. Once established, you will receive a confirmation letter, or a message will appear on your monthly billing statement indicating your payment will be automatically deducted from your bank account on your due date.

### When the Plan Will End

Returned payments due to insufficient funds and/or stop payments or if the bank account is identified as closed, may result in cancellation from the Plan. If you file for bankruptcy, you will no longer be eligible to participate in the Plan. It will then be necessary for you to remit your scheduled payments in a timely manner (unless you have filed bankruptcy). Your participation in the Plan will automatically cease upon account payoff or lease termination.

### How to Cancel or Suspend

To cancel or suspend your participation in the Plan, please call Customer Experience at 1-800-284-2271. Your request must be received at least 5 days prior to your payment due date to ensure cancellation/suspension. You can suspend the Plan for up to 6 months. To be eligible for reinstatement into the Plan, you must contact Customer Experience within 6 months of the suspension date. Your suspension/reinstatement request must be received at least 5 days prior to the due date. If you cancel/suspend your participation in the Plan, you are responsible to remit your scheduled payment on or before your assigned due date.

### Questions

If you have any questions regarding this program, please contact **Customer Experience at 1-800-284-2271** or message us in MyAccount.

PARTICIPATION IN THE PLAN IS VOLUNTARY AND NOT A CONDITION TO AN EXTENSION OF CREDIT BY GM FINANCIAL

----- Detach and keep for your records -----

### Automatic Payment Plan Authorization Agreement

I hereby authorize GM Financial to debit my bank account indicated below on my scheduled due date for the payment amount that appears on my Motor Vehicle Contract or Closed End Motor Vehicle Lease Contract. I understand the Plan will adjust if there are any changes to the scheduled payment amount, not to exceed 25% of the contracted scheduled payment amount. I have the right to receive prior notice of any transfers that vary in amount, and by signing below, I agree to waive any right to prior notice of such variance if it is within 25% of the scheduled payment set forth in my Motor Vehicle Contract or Closed-End Motor Vehicle Lease Contract. I also authorize my financial institution, as identified below, to debit the same amount from my account.

### Financial Institution Information

Please type or print in ink the following information:

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, State, Zip code

**Type of Account:** (Please check appropriate box):

- **Checking** – Please attach a voided check with this form.
- **Savings** – Please provide a letter from your bank with your name, bank account number and transit number.

### Customer Information

\_\_\_\_\_  
GM Financial Account Number

\_\_\_\_\_  
Name on Account (buyer/co-buyer or lessee/co-lessee)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip code

\_\_\_\_\_  
Signature (must be authorized signer on bank account) Date

Complete this form and return or fax with a voided check or letter from your bank (signed by an authorized bank representative).