

Recurring Payment Authorization Form

I hereby authorize Carvant Financial LLC ("Carvant") to make recurring charges to my financial account listed below as follows:

Amount to be Charged: \$ _____
Frequency to be Charged: _____ (Weekly, Bi-weekly, Semi-monthly, Monthly)
Starting Date: _____

In the event the scheduled payment falls on a weekend or holiday the account will be charged on the business day immediately preceding the due date.

**COMPLETION AND SUBMISSION OF THIS FORM IS OPTIONAL AND IS NOT A
REQUIREMENT OF CREDIT APPROVAL**

Carvant Account Number

Last Name

Name on Account- PLEASE PRINT AS APPEARS ON CARD

Full Address (Street, City, State and Zip) - PLEASE PRINT

Phone Number - PLEASE PRINT

Card Number: _____ - _____ - _____ (Visa or Mastercard ONLY)

Expiration Date: ___/___/___ **(PLEASE NOTE: WE WILL CONTACT YOU FOR YOUR CCV CODE)**

(Signature)

(Effective Date)

Please keep a copy for your records, and return a copy to Carvant via email, mail or fax:

Carvant Financial LLC
6901 JERICHO TURNPIKE, SUITE 218
Syosset, NY 11791
Fax: 866-425-4993 Email: Service@carvant.com

Disclosures:

Credit Bureau Reporting - We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

Privacy Notice - Federal law requires us to tell you how we collect, share, and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at <http://www.carvant.com/Privacy.aspx> or we will mail you a free copy upon request if you call us at (866) 425-8787.

PLEASE BE ADVISED THAT THIS COMMUNICATION IS MADE FOR THE PURPOSE OF COLLECTING A DEBT AND ANY INFORMATION OBTAINED MAY BE USED FOR THIS PURPOSE.