

VAC Payment Options

Remember, you MUST make your payment to VAC and not to the Dealer for your payment to be credited to your account with VAC.

INTERNET ON-LINE PAYMENT:

Go to: <http://VACorp.com/payment/> "Click on "Make Your Payment" and complete the **FREE** online form. You can also arrange automatic recurring payments on this website.

PAYMENT BY PHONE

This is a **free** service. You must have a checking or savings account in your name.

Please call (216) 642-6210 or (800) 642-6210. You can approve all your future payments to be paid automatically or just a one time payment in a dollar amount of your choice.

Please complete the **attached form** and return it to our office in the enclosed self-addressed envelope.

MONEYGRAM EXPRESS PAYMENT

Accounts beginning with **OS00** use receive code -- **OH4257** plus your 16 digit VAC Account Number
Accounts beginning with **OH00** use receive code -- **OH4257** plus your 16 digit VAC Account Number

Cash or **Debit cards** are accepted at **Wal-Mart**; **Cash only** at **Ace Cash Express** and all other locations.

Please call (216) 642-6210 or (800) 642-6210 for more information.

WESTERN UNION

"Quick Collect" – City Code – **Car Note**, -- State Code – **Ohio**, plus your 16 digit account number
Cash, MasterCard, Visa and All Debit Cards are accepted.

PAYMENT BY MAIL

Mail your check or money order to:

Vehicle Acceptance Corporation
5990 West Creek Road
Suite #120
Independence, Ohio 44131

Make checks payable to VAC.

Please clearly include your account number (looks like OS00-XXXX-XXXX-XXXX) on your method of payment to ensure that **your payment is applied to **your account**.**

Please include your payment coupon to expedite the processing of your payment

IMPORTANT

Dear Customer:

We are servicing your automobile contract and are looking forward to being of service to you. As part of our service, we will report your contract to the **CREDIT BUREAU** along with **ALL FUTURE PAYMENTS** made on the contract. We wish to do everything we can to help you **RE-ESTABLISH YOUR CREDIT RATING**. Therefore, we encourage you to complete the following information and return to us in the self-addressed, postage paid envelope. Your cooperation is greatly appreciated.

IMPORTANT CONSUMER INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

VAC Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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BUYER / PRIMARY BORROWER

NAME :	HOME PHONE:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
MOBILE / CELL PHONE:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MESSAGE PHONE:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ADDRESS:	APT:	CITY:	ZIP: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
SOCIAL SECURITY #:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DATE OF BIRTH:	M: <input type="text"/> <input type="text"/> / D: <input type="text"/> <input type="text"/> / Y: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
DL STATE/NUMBER:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	INSURANCE:		

SPOUSE OR CO-BUYER

NAME :	HOME PHONE:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
MOBILE / CELL PHONE:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	MESSAGE PHONE:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ADDRESS:	APT:	CITY:	ZIP: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
SOCIAL SECURITY #:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DATE OF BIRTH:	M: <input type="text"/> <input type="text"/> / D: <input type="text"/> <input type="text"/> / Y: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

BUYER / PRIMARY BORROWER's EMPLOYER

COMPANY NAME :	WORK PHONE:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
POSITION OR JOB DESCRIPTION:	WORK CITY:	SUPERVISOR:		

SPOUSE OR CO-BUYER's EMPLOYER

COMPANY NAME :	WORK PHONE:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
POSITION OR JOB DESCRIPTION:	WORK CITY:	SUPERVISOR:		

PERSONAL REFERENCES

NAME :	PHONE:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
ADDRESS:	CITY / STATE:	RELATIONSHIP:		
NAME :	PHONE:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
ADDRESS:	CITY / STATE:	RELATIONSHIP:		
NAME :	PHONE:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
ADDRESS:	CITY / STATE:	RELATIONSHIP:		

AUTOMATIC PAYMENT

AUTHORIZATION

I, _____, hereby authorize Vehicle Acceptance Corp. to automatically debit
AUTHORIZED ACCOUNT CONTACT
from my *savings* or *checking* account (**circle one**) \$ _____, for the purpose of making my auto
PAYMENT AMOUNT
loan payment. Please deduct "Approved amount *weekly, bi-weekly, semi-monthly, or monthly* starting
PAYMENT DRAFT DATE _____" or "*Only One Time*". (**circle one**). This authorization will remain in place until the
account is paid in full or I notify Vehicle Acceptance Corporation to discontinue debiting my account.

My Bank Routing Number is (9 digits):

Account Number (up to 16 digits):

Name of Bank: _____

Name on Bank Account: _____

VAC account number to apply payment to:

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INITIALS _____ I understand that I may cancel this authorization by providing written notice to Vehicle Acceptance Corporation at least (3) business days prior to the payment date. I further understand that canceling my authorization does not relieve me of the responsibility of paying all amounts due in full.

INITIALS _____ I certify that I have reviewed my request carefully, and that all of the information that I have just provided is correct. I acknowledge that I have authority over the provided account to authorize Vehicle Acceptance Corporation to debit/credit my account, complying with the applicable provisions of U.S. law.

John Doe
100 American Way
Everytown, USA

DATE 1234

PAY TO THE ORDER OF _____ \$ _____
DOLLARS

BANK USA

FOR _____

⑆ 123456789 ⑆ 1234567890 ⑆ 1234

Routing Number (9 digits) Account Number Check Number

Customer Signature

Date