



## TAKE THE HASSLE OUT OF CAR PAYMENTS

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With *Signature*DIRECTPAY<sup>®</sup> from Nissan Motor Acceptance Corporation (IFS), you no longer have to write checks for your monthly car payment. That's because *Signature*DIRECTPAY automatically withdraws your payment from your checking or savings account, safely and on time, every month.

### PEACE OF MIND

When you use *Signature*DIRECTPAY, you'll no longer have to remember due dates or worry if your payment has been received on time. And you'll enjoy the convenience of no longer having to write checks, find stamps, or make trips to the mailbox. Best of all, *Signature*DIRECTPAY comes free of any service charge. It's also secure and confidential. We'll never debit your bank account before your monthly payment is due or for more than the monthly amount. If your scheduled payment date falls on a weekend or holiday, we'll even debit your payment on the next business day. For more program details, please call 1.800.456.6622.

### NOTHING COULD BE EASIER

You've got better things to think about than your car payment due date. Gain peace of mind, security, and convenience – apply<sup>1</sup> today for *Signature*DIRECTPAY. With no service charges, there's never been a better time to make the hassle of car payments a thing of the past.

### Using *Signature*DIRECTPAY

**Once your application for *Signature*DIRECTPAY has been processed and accepted, you'll receive a notification letter and the start date of your payment deductions.** All you have to do is ensure there are sufficient funds in your account to cover the payment<sup>2</sup>. In addition to verifying a *Signature*DIRECTPAY transaction with your bank statement, you will also continue to receive your monthly billing statement. If you choose to discontinue<sup>3</sup> *Signature*DIRECTPAY, simply write to: IFS, P.O. Box 650424, Dallas, TX 75265-9696. Please include your IFS account number and allow at least 30 days for processing.

<sup>1</sup> You must mail your scheduled IFS payment(s) until you receive notification of enrollment in *Signature*DIRECTPAY or until your bank change request has been processed.

<sup>2</sup> IFS is not responsible for overdraft or other service fees charged by your financial institution in the event that your designated account has insufficient funds available on the date of your regularly scheduled IFS payment. In addition, you may be charged a fee by IFS pursuant to the terms of your contract or lease.

<sup>3</sup> You are responsible for mailing all subsequent payments, beginning with the next IFS statement you receive indicated that your scheduled payment will no longer be deducted from your bank account. For leases owned by Nissan-Infiniti LT, IFS acts as servicer.



## HOW TO ENROLL

- Please complete the requested information below
- Sign and date the agreement. If the bank account is a joint account, then each person whose name appears on the bank account MUST sign the Authorization Agreement.
- If you prefer to use your **checking** account, please provide a check from the bank account referenced in the Authorization Agreement. Write "VOID" across it and include it with this form. If you prefer to use your **savings** account, please provide a letter from the bank on their letterhead including the routing and account numbers to use. This will enable us to accurately capture your bank account information. At this time we are unable to process *Signature*DIRECTPAY using a third party's account information. The name listed on the check or letter must match the customer or co-signor listed on the contract. Mail both the form and the voided check or letter to:

Infiniti Financial Services  
*Signature*DIRECTPAY® Program  
 P.O. Box 650424  
 Dallas, TX 75265-9696

Name \_\_\_\_\_ IFS Account Number \_\_\_\_\_

Bank Name \_\_\_\_\_ **MAIL THIS COPY**  Debit from Checking

Bank Address \_\_\_\_\_ **TO IFS**  Debit from Savings

Bank City \_\_\_\_\_ Bank State & Zip \_\_\_\_\_

Bank Phone Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_

Vehicle Identification Number (VIN) \_\_\_\_\_

### Direct Payment Authorization Agreement

I (We) hereby authorize and request IFS to initiate electronic debit entries or effect a charge by any other commercially accepted practice to my (our) account at the financial institution (Bank) listed, and I (we) direct and authorize the Bank to honor the debit entries initiated by IFS and debit such account. This authorization pertains to my (our) IFS account number and the schedule of payments described in the related contract. I (We) understand that if I (we) have signed a retail or lease contract, debit entries to my (our) account may change, as the payment respective to the related contract are subject to changes, from time to time. The authority is to remain in force and effect until the schedule of payments is completed (IFS may require that the final payment be made by other means) or until IFS and Bank have received written notification from me (or either of us) of its termination in such time and such manner as to afford IFS and Bank a reasonable opportunity to act on it. I (We) understand that subject to the terms of the contract, I (we)am (are) required to make any payments until receipt of notification that I (we) am (are) enrolled in the *Signature*DIRECTPAY program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_



## HOW TO ENROLL

- Please complete the requested information below
- Sign and date the agreement. If the bank account is a joint account, then each person whose name appears on the bank account MUST sign the Authorization Agreement.
- If you prefer to use your **checking** account, please provide a check from the bank account referenced in the Authorization Agreement. Write "VOID" across it and include it with this form. If you prefer to use your **savings** account, please provide a letter from the bank on their letterhead including the routing and account numbers to use. This will enable us to accurately capture your bank account information. At this time we are unable to process *Signature*DIRECTPAY using a third party's account information. The name listed on the check or letter must match the customer or co-signor listed on the contract. Mail both the form and the voided check or letter to:

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Name \_\_\_\_\_ IFS Account Number \_\_\_\_\_

Bank Name \_\_\_\_\_ **KEEP THIS COPY**  Debit from Checking

Bank Address \_\_\_\_\_ **FOR YOUR RECORDS**  Debit from Savings

Bank City \_\_\_\_\_ Bank State & Zip \_\_\_\_\_

Bank Phone Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_

Vehicle Identification Number (VIN) \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_