Santander Consumer USA

Auto Pay Enrollment Form and Authorization Agreement

Step 1 Please complete this Authorization Agreement:

I (We) authorize PayNearMe MT, Inc. (and any other third-party payment processing partner(s) of Santander Consumer) to initiate monthly recurring electronic debit transactions to my (our) account referenced below on the authorized due date specified in my (our) contract with Santander Consumer (or other agreed upon due date) for the payment amount authorized below from the bank account provided below. However, if any scheduled monthly payment (including my (our) last scheduled payment for loan accounts only) is less than the authorized payment amount, I (we) authorize such lesser amount. I (We) understand that Santander Consumer may reinitiate any debit to my (our) Account that is unsuccessful and may initiate a credit or debit, as applicable, to my (our) Account to correct any inadvertent errors Santander Consumer may make in connection with any payment. I (We) understand that I (we) have the right to receive prior notice of any transfers that vary in amount and that, unless written instructions are provided otherwise, prior notice will not be given for amounts equal to or less than the payment amount authorized below. For lease accounts only, if my (our) regular monthly payment amount increases due to sales/use tax, I (we) authorize such greater amount and understand I (we) will be provided electronic notice of the new payment amount at least ten (10) days before the due date.

I (We) agree the transactions that I (we) authorize comply with all applicable laws and understand that my (our) bank account information will be saved in order to process the recurring transactions on my (our) account.

I (We) understand that this authorization will remain in full force and effect until I (we) revoke such authorization by either 1) clicking the “Cancel Auto Pay” link in the PayNearMe payment portal (effective immediately), or 2) notifying Santander Consumer by phone at 888-222-4227 that I (we) wish to revoke this authorization and cancel Auto Pay. I (we) further understand that any such notice provided by phone must be received at least three (3) business days before the next scheduled payment due date to ensure cancelation is effective for that payment.

For loan accounts only, I (we) understand that the authorized amount will be drafted each month on the specified date until my (our) account is paid in full, including any late fees, NSF fees, and/or other amounts then due as described in my (our) contract. **However, if the loan is not paid in full on the maturity date, my (our) Auto Pay will automatically expire and be canceled and the remaining amount owed will NOT be drafted under my (our) Auto Pay schedule. I (we) understand that any remaining amount owed is due in full on the maturity date and it will be my (our) responsibility to make arrangements to pay such amount.**

For lease accounts only, I (we) understand the authorized amount will be drafted each month on the specified date until the last monthly payment under my (our) contract is received, after which my (our) Auto Pay schedule will automatically expire and be canceled. **However, if my (our) account status has changed, I (we) understand my (our) last scheduled payment will NOT be drafted under my (our) Auto Pay schedule and it will be my (our) responsibility to make arrangements to pay such payment amount by the due date**. I (we) further understand that any additional amounts still due under my (our) contract after my (our) Auto Pay schedule expires will be reflected on my (our) Santander Consumer final bill, that such amounts will not be drafted under this Auto Pay schedule, and that it is my (our) responsibility to pay any and all such amounts (including taxes and/or fees that may come due after my (our) final bill is sent). Accordingly, I (we)

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understand it is important to contact Santander Consumer directly prior to my (our) last scheduled monthly payment due date to discuss lease-end payment options, including to make arrangements to pay my (our) final bill.

I (we) further understand that, if I (we) change my (our) payment due date, the authorized amount will be drafted on the new payment due date.

I (we) understand that any adjustments or changes to my (our) regular monthly payment amount and/or due date will be effective for the next scheduled payment if such adjustment or change is applied to my (our) account three (3) business days before the next scheduled payment due date. Any such adjustments or changes applied to my (our) account less than three (3) business days before the next scheduled payment due date may not be effective for that payment. I (we) understand that I (we) can always cancel my (our) Auto Pay schedule in the PayNearMe payment portal to stop payments from being drafted (effective immediately) and establish a new schedule based on any such adjustments or changes.

CONSENT TO TELEPHONE / CELL PHONE CONTACTS AND USE OF AUTOMATION TO CONTACTYOU. In order for Santander Consumer to service the Contract or my (our) account or to collect any amounts owed, I (we) consent to and agree that Santander Consumer may make calls using prerecorded/artificial voice messages and/or through the use of an automatic dialing device at any telephone number I (we) provide to Santander Consumer, any other telephone number currently associated with the account or any telephone number obtained at any time by Santander Consumer in connection with the Contract or account, including a mobile or wireless telephone number or other device that could result in charges. Express consent applies to any email address or telephone numbers Santander Consumer obtains or I (we) provide in any manner and at any time, including an email address or cellular telephone number for which I (we) may incur voice, data or other charges.

I (we) agree and understand that this authorization may be revoked at any time via (i) telephone by calling Santander Consumer at 888-222-4227 or (ii) written correspondence to Santander Consumer, Attn: Revocation, P.O. Box 961245, Fort Worth, TX 76161-1245 or (iii) electronic mail at stopcalls@santanderconsumerusa.com.

This Agreement may be executed in one or more counterparts, each of which when so executed shall be deemed to be an original. This Agreement may be executed by facsimile signatures, and shall be valid and binding on any party signing this Agreement in such fashion. I (we) agree to sign and return this Agreement to Santander Consumer at the address and fax number shown below.

Borrower's Full Name (Please Print)	Borrower's Signature
Co-Borrower's Full Name (Please Print)	Co – Borrower's Signature

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If payment is to be drawn from checking or savings account of someone other than the Santander Consumer account holder, please complete the following information:

Authorized Name on account (Please Print) _____

Authorized signature on account _____

Step 2 Please complete Enrollment Information:

Authorized Payment Amount (please select one):

☐ Regular Monthly Payment Amount

☐ Custom Amount (must be greater than regular monthly payment amount): _____

Account Type (please select one): ☐ Checking ☐ Savings

Santander Consumer USA Account # _____

ABA Routing Number _____

Bank Account Number _____

Provide email to receive notifications (required):

Email Address _____

Step 3 Mail or Fax form to Santander Consumer: *Complete and sign this form and return to the address or fax number below:*

Mail to:

Santander Consumer
P.O. Box 961245
Fort Worth, TX 76161-1245

Fax to:

214-615-3938

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