

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**

Name: _____

Carvant Account Number: _____

(Signature)

(Effective Date)

CREDIT CARD (MC or Visa Only)

Credit Card Number: _____

Expiration Date: _____

CCV Code: _____

CHECKING ACCOUNT (no savings accounts)

Bank Name: _____

Account Number: _____

Routing Number: _____

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

Carvant Financial LLC
6851 JERICHO TURNPIKE, SUITE 245
Syosset, NY 11791
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 (516) 750-4490.