



# EMPLOYEE PAYROLL DEDUCTION AUTHORIZATION

(Retail Contracts Only – Leases **NOT** Eligible)

## EMPLOYEE INSTRUCTIONS

Complete, sign and date the form below. If you need assistance in completing this form, please contact the Customer Service Center at 1-800-727-7000. If new account, dealer will forward form to Ford Credit with contract. If existing account, fax form to Ford Business Center at 1-866-307-4595.

<b>Employee's Name</b> - Print (As Appears on Pay Stub)			Social Security Number	
			- -	
Last Name	First Initial	Middle Initial		

### ENROLLMENT

**Payroll Location: Check One (1) in each column**

- Ford Motor Company
- Ford Credit

**Pay Frequency**

- Weekly/Hourly
- Semi-Monthly/Salary
- Monthly & Foreign Service

**Enroll Status**

- Hourly
- Salary
- Management

I elect to have payments on the vehicle contract(s) described below made by deductions from my pay. I authorize Company to start payroll deductions in amounts sufficient to make the scheduled payments shown below. I also authorize Company to furnish information to the Ford Credit account servicer that is necessary to accomplish the processing of the payroll deductions for each contract I have authorized below. In consideration for providing the Employee Payroll Deduction Program, I acknowledge and agree that Company may extend the due date of the first payment due under the contract(s) described below to allow sufficient time to process my payroll deduction request, which may result in my paying more interest over the term of the contract(s) than originally disclosed.

I understand that if payroll deductions are not paid to the Ford Credit account servicer for any reason, timely payment of the amounts due are required under terms of the contract(s). I may cancel payroll deduction processing and begin making alternative payments on the account(s) myself after providing written notice to Ford Business Center at 1-866-307-4595 on each account to be cancelled.

**Payment**

**Date of Contract**

**Clearly Print Customer Account Number(s)**

\$
\$



Employee Signature

Date Signed

### CANCELLATION

Indicate the account(s) you wish to cancel below.

Note: Your payroll deduction automatically cancels when an account is paid in full.

**Payment**

**Date of Contract**

**Clearly Print Customer Account Number(s)**

\$
\$
\$



Employee Signature

Date Signed

**DISTRIBUTION:** Original → Ford Credit  
Copy → Employee