



ACH AUTHORIZATION (Automated Clearing House) **FOR DEALER USER ONLY**

Dealer Name _____

Dealer No. _____ Tax ID _____

Address _____

City _____ State _____ Zip _____

Phone _____ ACH Fax _____

Bank Name _____

Address _____

City _____ State _____ Zip _____

Account # _____

Account Type _____

ABA Routing # _____

****PLEASE INCLUDE A COPY OF A VOIDED CHECK FOR VERIFICATION PURPOSES****

Dealer hereby authorizes Performance Finance ("PF"), its successors and assigns, to electronically credit, or deposit any and all amounts (checks) representing payment for funds distributed by PF to Dealer in connection with the transactions contemplated in the "Dealer Agreement" in effect between PF and Dealer, directly into the account identified above. Dealer hereby authorizes PF, if necessary, to electronically debit the account identified above to correct erroneous credits. Dealer understands that this authorization will remain in full force and effect until Dealer notifies PF by written notification that they wish to revoke this authorization. Dealer understands that PF requires 10 days' written notice of cancellation or revocation. Additionally, PF reserves the right to cancel this authorization at any time.

Principal, Partner, or Officer:

Signature _____ Date _____

Name (Print) _____

Title (Principal, Partner, or Officer only) _____

For Performance Finance Internal Use Only

Officer Approval _____ Date _____

Input by _____ Date _____

