SOUTHEAST AUTO FINANCIAL SERVICES

ACH Enrollment Form

COMMERCIAL AUTHORIZATION AGREEMENT FOR AUTOMATED DEPOSITS – (ACH CREDITS)

| Please Select One: | | | |
|---|---|---|-----------|
| Changing Existing Bar | Dealership to terminate any existing | ction of this option constitutes written notification 3 ACH Deposit enrollments on file with Southeast A | |
| | | , hereby authorizes Southeast Au | ito |
| Financial Services, LLC., he debit entries and adjustment | s for any credit entries in error to the reinafter called DEPOSITORY, to o | on, to initiate credit entries and to initiate, if necesthe depository account indicated below and the credit and/or debit the same to such account. | essary, |
| | ADVANCES | RESERVE PROFIT [*] | <i>k</i> |
| Bank Name | | | |
| Bank Phone | () | () | |
| City, State, Zip | | | |
| Bank Routing # (must be 9 digits) | | | |
| Bank Account # | | | |
| Dealership. This authority is to remain it its termination in such time opportunity to act on it. <i>Plea</i> | n full force and effect until Financia and in such manner as to afford Finance allow one (1) week for procession | t than the advance if the ACH process is utilized by the ial Institution has received written notification from the nancial Institution and DEPOSITORY a reasonating. | rom us of |
| Signed | (Dealership Sig | gnature) | |
| Name and Title Date | (Please Pri | , | |
| Fax Number | | | |
| wish to discuss the program | further, please call (228) 832-0044 | mplete this form and fax it to 1-228-832-0066 . It 4 for a Dealer Support Representative. LONG WITH THIS FORM TO 1-228-832-0066. | |
| | E COMPLETED BY SOUTHEAST | AUTO FINANCIAL SERVICES | |
| Dealership / Location Number: | | | |
| Verified Dealership Authorized | Signer: (Y/N) Signature of Vo | Verifying Person: | |

Revised 7/2017