



## Authorization for ACH Payments

I hereby authorize deposit of my payments due by Premier Acceptance Inc. in the account and financial institution indicated below. Such deposit will be made periodically, unless I choose to terminate this agreement in writing to Premier Acceptance Inc. Any such notifications shall become effective following receipt, after a reasonable opportunity to act on it.

In the event that funds are deposited erroneously into my account, I authorize a debit to my account for an amount not to exceed the original amount of the credit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
NAME OF FINANCIAL INSTITUTION

\_\_\_\_\_  
TRANSIT/ABA #

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
DEPOSIT TO ACCOUNT #

\_\_\_\_\_  
CITY, STATE, ZIPCODE

\_\_\_\_\_  
DEALER NAME

\_\_\_\_\_  
TAX ID NUMBER

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIPCODE