



ACH Form

Credit Authorization

Authorization Agreement for Direct Deposits (ACH Credits)

Company/Dealership Name: _____

I (we) hereby authorize AVID Acceptance Corporation, hereinafter called COMPANY, to initiate credit entries to my (our) Checking Account/ Savings Account (SELECT ONE) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the originator of the ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature: _____ Date: _____

Name: _____
(please print)

Note: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYNG THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.