



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

CHECKING SAVINGS

DEALER NAME

TAX ID NUMBER

ADDRESS

CITY, STATE, ZIPCODE