

AUTOMATED CLEARING HOUSE (ACH) ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

AGREEMENT FOR PREAUTHORIZATION PAYMENTS

Business Name: _____ DIN/License # (if any): _____

I (we) hereby authorize Dealertrack Registration and Titling Services (RTS)/General Systems Solutions (GSS,) hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip _____

Transit Routing/ABA #: _____ Account #: _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to collect all outstanding debts generated through use of any COMPANY product or service. If any ACH debit files are returned due to insufficient funds, the Client will incur a \$75.00 return penalty for each offense. After two successive unsuccessful debit transfers due to insufficient funds, COMPANY will terminate Services immediately pending payment. For all delinquent payments, a 1.5% monthly interest charge will also be imposed.

This form must be signed by an Officer of the Company or an authorized signatory:

(Signature of Authorized Representative) (Date) (Printed Name) (Title)

Dealership ACH Point-of-Contact
(if different from above): _____

Daily Credit Limit
(Office Use Only): \$ _____

For customers who are blocking unauthorized ACH withdrawals from their bank accounts please be sure to inform your bank of the proper "Originating Company ID" used to identify RTS/GSS as an authorized vendor. (Please note: The "_" at the end of an Originating Company ID is a placeholder and indicates you must include a space at the end of the number.)

Please check the box for the program(s) you will be using.

A copy of a voided check or a letter from your bank MUST accompany this form as proof of your account information. Bank account changes will not be made without this documentation.

	Program Name	Originating Company ID	Program Name	Originating Company ID	Program Name	Originating Company ID
ATTACH YOUR BLANK, VOIDED OR PHOTOCOPIED CHECK HERE	<input type="checkbox"/> California OLRs	2061286752	<input type="checkbox"/> Louisiana ELT	9351500001	<input type="checkbox"/> Pennsylvania OLRs	1061286752
	<input type="checkbox"/> California Inquiry	061286752_	<input type="checkbox"/> Massachusetts OLRs	2061286752	<input type="checkbox"/> Virginia OLRs/EZ-Temp	1061586472
	<input type="checkbox"/> California Minimum	1061286752	<input type="checkbox"/> Maryland OLRs/EZ-Temp	3061586472	<input type="checkbox"/> Wisconsin OLRs	1061586472
	<input type="checkbox"/> Connecticut OLRs	2061286752	<input type="checkbox"/> New Jersey OLRs/EZ-Temp	2061286752	<input type="checkbox"/> Wisconsin Inquiry	061286752_
	<input type="checkbox"/> Georgia OLRs	2061286752	<input type="checkbox"/> New Jersey SAFE	1061286752		
	<input type="checkbox"/> Illinois OLRs	2061286752	<input type="checkbox"/> New York OLRs	2061286752		
	<input type="checkbox"/> Indiana OLRs & Manual	2061286752	<input type="checkbox"/> North Carolina OLRs	1061586472		
	<input type="checkbox"/> Louisiana OLRs	9351518001	<input type="checkbox"/> Ohio OLRs	1061586472	<input type="checkbox"/> RegUSA	5061286752

OFFICE USE ONLY
DO NOT WRITE IN THESE SPACES

OLRS Group #: Client Account #: RegUSA Code: