

**RETAIL INSTALLMENT CONTRACT**

**DEALER ACH PAYMENT REQUEST**

To sign up for DEALER ACH payment, complete and sign this authorization form, include a voided check, or bank document, and return it by email. Receipt of the complete and accurate request form will ensure ACH set-up and implementation will occur within one (1) week. By Execution hereof, the undersigned company ("Company") hereby elects to receive ACH Payment from Solera Auto Finance LLC ("SAF"). Company further represents and warrants that Company's Bank Information provided below by Company is true, complete, and accurate. Company agrees to pay Solera Auto Finance, LLC. immediately upon receipt of SAF's demand any and all amounts deposited by SAF into the Account identified below based on the Bank Information supplied by Company if the below Account does not belong to Company. Company hereby represents and warrants that Company's execution and delivery of this authorization have been duly authorized, and that the person executing this authorization on behalf of Company is fully authorized to execute it. Solera Auto Finance, LLC reserves the right to amend this program at any time.

Dealership Name: \_\_\_\_\_

Dealership Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Dealership Contact Name: \_\_\_\_\_

Dealership Contact Email: \_\_\_\_\_

Dealership Contact Phone: \_\_\_\_\_

**BANK INFORMATION** The following information is required by SAF to process your application. Please confirm with your bank that the ABA Routing Number you provide is ACH compatible. Failure to do so may result in a delay in processing your application and/or timely delivery of your funds.

Beneficiary Account Information *\*required*

Beneficiary Bank Information *\*required*

\_\_\_\_\_

\_\_\_\_\_

\*Name on Account

\*Bank Name

\_\_\_\_\_

\_\_\_\_\_

\*ABA Routing Number

\*Bank Contact Name

\_\_\_\_\_

\_\_\_\_\_

\*Account Number

\*Bank Phone

\_\_\_\_\_

\_\_\_\_\_

**DEALERSHIP AUTHORIZATION**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

SAF may cancel this authorization at any time by providing Company written notice. Such cancellation will be effective five (5) business days after receipt of such notice.