



**Keystone Lending Alliance, LLC
Authorization Agreement
For Automatic Credits/Debits**

Dealer Name: _____

Dealer Address: _____

The undersigned Dealer authorizes Keystone Lending Alliance, LLC to: (i) initiate credit entries to Dealer’s checking account indicated below (the “Account”); and (ii) initiate debit entries to the Account, only if and when necessary, to correct any erroneous prior-issued credits to the Account. Dealer also authorizes its depository institution (indicated below) to credit and/or debit such entries received from Keystone Lending Alliance, LLC.

When completing the ACH form, do not use the routing number from the bottom of your check or deposit slip. Please contact your financial institution for the ACH routing number for your account.

Depository Institution

Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Bank Telephone No.: (____) _____

Routing Transit/ABA No: _____

(9 Digits)

Account No.: _____

Name on Account: _____

(Please Print)

Tax ID Number: _____

(Dealer Name)

By: _____

Please sign above

Print Name and Title Above

Date: _____

ATTACH VOIDED CHECK OR DEPOSIT SLIP