



PEAK ACCEPTANCE, LLC

Phone: _____ **Fax:** _____
Email: _____

ACH AUTHORIZATION FORM

DEALER INFORMATION

Dealership Name: _____
Address: _____
(P.O. Box only if mail is not delivered to your street address.)
City: _____ State: _____ Zip: _____
Peak Acceptance, LLC should send ACH information Attention of: _____
(ACH Designee)
The ACH Designee’s direct phone number is: _____
The ACH Designee’s direct fax number is: _____
The ACH Designee’s direct email address is: _____

BANK INFORMATION

Bank Name: _____ Phone: _____
Name of a contact at the bank listed above: _____ EXT.: _____
Address: _____
(This should be the address of the Branch that handles the ACH transactions to your account.)
City: _____ State: _____ Zip: _____
Bank ABA Transit Number: _____
(Must be taken from a check and not a deposit slip and must be nine digits.)
Bank Account Number: _____

As an authorized officer, partner, manager or managing member of the Dealership named above (the “Authorized Party”), I hereby authorize Peak Acceptance, LLC (“Peak Acceptance”) to initiate credit entries to the above named account. If any credit entry must be adjusted and funds returned to Peak Acceptance, I request the monies to be returned electronically, either by ACH or by Wire Transfer to Peak Acceptance pursuant to Peak Acceptance’s direction. This authority is to remain in full force and effect until Peak Acceptance has received written notification from the Dealership of its termination in such time and in such manner as to afford Peak Acceptance and the bank named above a reasonable opportunity to act on the notification. It is the Dealership’s responsibility to notify Peak Acceptance of any changes in its Authorized Party.

Signature of Authorized Party: _____ Date: _____

Printed Name and Title of Authorized Party: _____