

# DEALERS FIRST FINANCIAL L.L.C.

## Electronic Funds Transfer Agreement

### “Authorization to Pay via ACH”

#### What is Electronic Funds Transfer?

Electronic Funds Transfer (EFT) is an electronic transfer of funds through a national automated clearinghouse directly from your bank account.

#### What are the Benefits of EFT?

Instead of receiving invoices in the mail and writing a check each month to make your payment, funds are directly withdrawn from your account, on the due date. EFT means you won't pay late fees due to postal service or other payment issues.

#### How do I sign up?

Complete the EFT Agreement below and **fax to 281-395-9775** or **email to [info@dealers1st.com](mailto:info@dealers1st.com)**. Incomplete forms will not be processed.

### EFT Agreement for Pre-Authorized Debits

The company identified below (COMPANY) hereby authorizes and requests Dealers First Financial L.L.C. to withdraw payments on any amounts owing to Dealers by initiating credit entries or adjustment entries to the COMPANY'S account indicated below in the bank named below (BANK). The COMPANY authorizes and request BANK to accept any credit entries or adjustment entries initiated by Dealers to such account and to enter the same to such account without responsibility for the correctness thereof. COMPANY understands that Dealers may impose a fee in the event of insufficient funds. It is understood that this agreement may be terminated by the COMPANY at any time by written notification to Dealers. Any such notification to Dealers shall be effective only with respect to entries initiated by Dealers after receipt of such notification and a reasonable opportunity to act on it. It is understood that this agreement may be terminated by Dealers at any time, with written notification submitted to COMPANY at the time of termination.

**PLEASE COMPLETE ALL FIELDS BELOW**

CUSTOMER ID NUMBER

Bank Name	Bank ABA / Routing Number (9 digits)
Bank Phone Number	Bank Account Number
Bank City and State	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Company Name	Company Contact
Company Address	Contact Email
Company City, State, Zip	Federal Tax ID
Company Phone Number	<b>Authorization Signature</b>
Company Fax Number	Name / Title / Date

*Please include a copy of a cancelled or voided check below:*

FOR OFFICE USE ONLY:

Date Received \_\_\_\_\_