

Dealernet Bank ACH Credit/Debit Authorization Form

By signing this form, I give Dealernet Inc. permission to debit and/or credit my bank account for any amount I authorize on or after this date.

Account Information

Dealernet ID _____ Account Name _____

Address _____

Bank Details

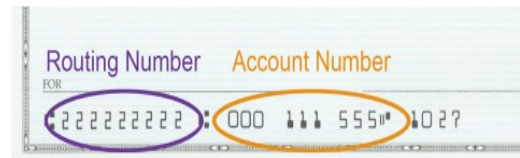
☐ Checking ☐ Savings

Name on Account _____

Bank Name _____

Account Number _____

Routing Number _____



I understand that charges declined by the financial institution which maintains this bank account will constitute grounds for cancellation of service and that all charges incurred by Dealernet Inc plus any bank charges incurred will be subject to collection procedures.

This authorization shall remain in effect unless and until Dealernet Inc. has received written notification from me that this authorization has been terminated in such time and manner to allow Dealernet Inc. to act. The undersigned represents and warrants to Dealernet Inc. that the person executing this Release is an authorized signatory on the Account referenced below and all information regarding the Account and Account Owner is true and correct.

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as requested. In the case of the payment being rejected for Non-Sufficient Funds (NSF) I understand that Dealernet may, at its discretion, attempt to process the charge again within 3 days, and I agree to an additional \$35 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute Dealernet's billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.

I fully understand that any requested funds via ACH transfer will be deposited into my Dealernet EFT trading account, and I agree not hold Dealernet liable for any subsequent fund transfers that I make to other members.

SIGNATURE _____

(Account Holder's Signature)

DATE _____

Please return the completed form along with a copy of a voided check or bank letter to verify account and routing numbers to ADMIN or mike@Dealernetb2b.com