



FreedomRoad
Financial GET OUT AND RIDE®

ACH AUTHORIZATION

(Automated Clearing House)

FOR DEALER USER ONLY

Dealer Name _____

Dealer No. _____ Tax ID _____

Address _____

City _____ State _____ Zip _____

Phone _____ ACH Fax _____

Bank Name _____

Address _____

City _____ State _____ Zip _____

Account # _____

Account Type _____

ABA Routing # _____

****PLEASE INCLUDE A COPY OF A VOIDED CHECK FOR VERIFICATION PURPOSES****

Dealer hereby authorizes FreedomRoad Financial ("FRF"), its successors and assigns, to electronically credit, or deposit any and all amounts (checks) representing payment for funds distributed by FRF to Dealer in connection with the transactions contemplated in the "Dealer Agreement" in effect between FRF and Dealer, directly into the account identified above. Dealer hereby authorizes FRF, if necessary, to electronically debit the account identified above to correct erroneous credits. Dealer understands that this authorization will remain in full force and effect until Dealer notifies FRF by written notification that they wish to revoke this authorization. Dealer understands that FRF requires 10 days' written notice of cancellation or revocation. Additionally, FRF reserves the right to cancel this authorization at any time.

Principal, Partner, or Officer:

Signature _____ Date _____

Name (Print) _____

Title (Principal, Partner, or Officer only) _____

For FreedomRoad Financial Internal Use Only

Officer Approval _____ Date _____

Input by _____ Date _____

