



Dealer ACH Authorization

Please help us ensure continued error-free processing of your funding advance(s) by providing the information requested below. Remember your original signature is required as authorization.

Please return the completed form via facsimile (801-880-6653) with original to follow by U.S. mail. Thank you.

DEALER NAME: _____

DEALER ADDRESS: _____

BANK NAME

ROUTING NUMBER

ACCOUNT NUMBER

AUTHORIZED SIGNER

I, _____, _____ of _____, on _____
NAME TITLE DEALER NAME DATE

SIGNATURE

Hereby authorize PAC Auto Finance to submit ACH credits (direct deposit) for our funding advances. **PLEASE ATTACH A COPY OF YOUR VOIDED CHECK HERE:**