

RETAIL INSTALLMENT CONTRACT DEALER ACH PAYMENT REQUEST

Automatic Check Payments – Fast, Reliable, Safe and FREE

- No time spent waiting on checks to be delivered by the USPS or the cost of having your check sent overnight mail to your address
- Timely delivery of your funds
- Automatic payments are extremely accurate, and all account information is kept confidential

To sign up for DEALER ACH payment, complete and sign this authorization form, include a voided check or bank document, and return it by email. Receipt of the complete and accurate request form will ensure ACH set-up and implementation will occur within one week.

By Execution hereof the undersigned company ("Company") hereby elects to receive ACH Payment from Chrysler Capital. Company hereby represents and warrants that Company's execution and delivery of this authorization have been duly authorized, and that the person executing this authorization on behalf of Company is fully authorized to execute it. Company further represents and warrants that Company's Bank Information provided below by Company is true, complete and accurate. Company agrees to pay Chrysler Capital immediately upon receipt of Chrysler Capital's demand any and all amounts deposited by Chrysler Capital into the Account identified below based on the Bank Information supplied by Company if the below Account does not belong to Company. Chrysler Capital reserves the right to amend this program at any time.

Dealership Name: _____	Dealership Contact E-mail: _____ (if applicable)
Dealership Street Address: _____	Dealer ID#: _____ (if applicable)
City, State, and ZIP: _____	DRM: _____
Dealership Contact Name: _____	Dealership Contact Phone: _____

BANK INFORMATION The following information is required to process your application. **Please confirm with your bank that the ABA Routing Number you provide is ACH compatible. Failure to do so may result in a delay in processing your application and/or timely delivery of your funds.**

Beneficiary Account Information *required

*Name on Account

*ABA Routing Number

*Account Number

Beneficiary Bank Information *required

*Bank Name

*Bank Contact Name

*Bank Phone

*Bank Street Address

*Bank City, State, Zip

Chrysler Capital may cancel this authorization at any time by providing Company written notice. Such cancellation will be effective five (5) business days after receipt of such notice.

Please complete this entire form and email to:

DealerMaintenanceCC@ChryslerCapital.com

Form must be signed by two parties to include Controller, General Manager, Dealer Principal or other approved signer.

***DEALERSHIP AUTHORIZATION**

DEALERSHIP AUTHORIZATION

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Signature: _____

Printed Name: _____

Title: _____

Date: _____

*Authorized representative on business bank account.