



1st Withdrawal Start Date: _____ Monthly Withdrawal Day: _____

ACH AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

v Automatic Deposits
 I (we) hereby authorize Elite Acceptance Corporation, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) Checking account or Savings account (select one) indicated below and the depository institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

Name on Bank Account

Bank Name

ABA Number
 | | | | | | | | | |

Bank Account Number
 | | | | | | | | | | | | | | | |

This sample check is to help you in completing your EFT authorization.

**** PLEASE ATTACHED YOUR VOIDED CHECK HERE ****

Bank Account Name

5678

JOHN A. DOE
MARY B. DOE
 123 YOUR STREET
 ANYWHERE, U.S. 12345

_____ 19 _____

PAY TO THE ORDER OF _____ \$ []

DOLLARS

Bank Name and Branch Information

FIRST NATIONAL BANK
987 MAIN STREET
ANYWHERE, U.S. 12345

FOR _____ **SAMPLE (NON-NEGOTIABLE)**

⑆071000131978653421⑆ 5678

ABA Number

Bank Account Number

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act.

Name (s) (Please Print)	Elite Loan #	Payment Amount
	_____ - _____	\$ _____
Signature	Date	
	_____ / _____ / _____	