



**Keystone Lending Alliance, LLC  
Authorization Agreement  
For Automatic Credits/Debits**

Dealer Name: \_\_\_\_\_

Dealer Address: \_\_\_\_\_

The undersigned Dealer authorizes Keystone Lending Alliance, LLC to: (i) initiate credit entries to Dealer’s checking account indicated below (the “Account”); and (ii) initiate debit entries to the Account, only if and when necessary, to correct any erroneous prior-issued credits to the Account. Dealer also authorizes its depository institution (indicated below) to credit and/or debit such entries received from Keystone Lending Alliance, LLC.

When completing the ACH form, do not use the routing number from the bottom of your check or deposit slip. Please contact your financial institution for the ACH routing number for your account.

**Depository Institution**

Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Bank Telephone No.: (\_\_\_\_) \_\_\_\_\_

Routing Transit/ABA No: \_\_\_\_\_  
(9 Digits)

Account No.: \_\_\_\_\_

Name on Account: \_\_\_\_\_  
(Please Print)

Tax ID Number: \_\_\_\_\_

\_\_\_\_\_  
(Dealer Name)

By: \_\_\_\_\_  
Please sign above

\_\_\_\_\_  
Print Name and Title Above

Date: \_\_\_\_\_

**ATTACH VOIDED CHECK OR DEPOSIT SLIP**