



AUTHORIZATION AGREEMENT: ELECTRONIC PAYMENT

Dealership Name: _____
Street Address: _____
City, State, Zip: _____
Contact Name: _____
Telephone No.: _____
Email Address: _____

The undersigned hereby authorizes Axos Bank™ (“Bank”) to credit and, if necessary, debit through the Automated Clearing House Network the following demand deposit account:

Account Holder: _____
Bank Name: _____
Branch: _____
Street Address: _____
City, State, Zip: _____
Contact Name: _____
Telephone No.: _____
ABA Routing Number: _____
Bank Account Number: _____

Please attach a voided check or bank confirmation of routing and account information.

This authority will remain in effect until written notice of termination is received by Bank.
Bank may cancel this authorization at any time by providing dealership with written notice.

Dealership: _____
By: _____
(Authorized Signature)
Name: _____
Title: _____
Date: _____

Internal Use Only	Date Entered:	Dealer Number:	Approved:
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