



**FLAGSHIP CREDIT ACCEPTANCE**  
**Authorization Agreement for Automatic Deposits (ACH) | Schedule A**

Dealer Name

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Contact Name

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Phone

Fax

Email

I hereby authorize Flagship Credit Acceptance to initiate credit entries (and/or debit entries if necessary for corrections unwinds, or reversals) electronically, by paper means or by any other commercially accepted method to the checking account indicated below and the financial institution named below, to credit and/or debit the same to such account.

Financial Institution

Phone Number

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City

State

Zip Code

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<b>Transit/Routing Number</b>	:																	:	
<b>Checking Account Number</b>																			

**ATTACH A BANK ISSUED DOCUMENTS WHICH VERIFIES THE ABOVE ROUTING AND ACCOUNT INFORMATION**

This authority is to remain in full force and effect until Flagship Credit Acceptance has received written notification from us of its termination in such time and such a manner as to afford Flagship Credit Acceptance and the Financial Institution reasonable opportunity to act on it.

**DEALER**

By: \_\_\_\_\_ Dated: \_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Printed Name/Title*