



ACH AUTHORIZATION FORM

*Sign and fax completed form and copy of voided check to 724-736-0466
or email to sherry@perryautoauction.com.*

DEALER INFORMATION:

Dealer Name	
Dealer Address	
Tax ID #	
Telephone #	
Contact Name	
Cell phone #	
Email Address	

BANK INFORMATION:

Bank Name	
Bank Address	
Telephone #	
Name on Acct	
Routing #	
Account #	

Dealer hereby authorizes Perryopolis Auto Auction, Inc (PAA) to initiate debit entries, credit entries, and adjustments for any credit or debit entries in error to Dealer's checking account indicated above. This authorization will remain in effect until PAA receives written notice of termination from Dealer. PAA will provide a detail report of the ACH amount to the Dealer's email prior to debiting or crediting the account.

I certify that I am authorized to contract on behalf of the Dealer and that all information provided is accurate and correct.

Dealer Authorization Signature

Print Name

Title

Date