



Dealer Authorization Agreement for ACH Payments

Please provide the following information to ensure timely payment:

Dealer Information:

Dealer Name:

DBA:

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Primary Contact:

Phone Number:

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Remittance Notification Email:

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Street Address

City

Zip

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Bank Information:

Financial Institution:

Bank Contact and Phone Number:

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Routing Number:

Bank Account Number:

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Please include a cancelled check or bank letter to confirm information provided

Go-Fi, LLC is hereby authorized to automatically deposit payment to the account listed above electronically, by paper means or by any other commercially accepted method listed by the financial institution named above (this includes authorization to reverse entries made in error). This authority will remain in effect until written notice is provided.

Printed Name:

Signature and Date:

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