

DEALER PASS-THROUGH ACH REQUEST FORM

Dealer Name: _____ Dealer Code: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

E-mail Address: _____ ACH Effective Date: _____

ELECTRONIC FUNDS TRANSFER INFORMATION

By signing this form, we default to ACH unless you instruct us otherwise, on a case-by-case basis.

Interstate reserves the right to discontinue this option at any time.



Name: _____

Signature: _____

Bank Name: _____

Name on Account: _____

ABA Routing #: _____

Account #: _____

