



RETAIL INSTALLMENT CONTRACT
ACH PAYMENT REQUEST

Automatic Check Payments – Fast, Reliable, Safe and FREE

- Checkmarks for: No time spent waiting on checks... Timely delivery of your funds... Automatic payments are extremely accurate...

To sign up for ACH payment, complete and sign this authorization form and return it by fax.

Receipt of the complete and accurate request form will ensure ACH set-up and implementation will occur within one week.

By Execution hereof the undersigned company ("Company") hereby elects to receive ACH Payment from Santander Consumer USA Inc., formerly known as Drive Financial Services ("Drive"), d/b/a Santander Auto Finance.

Company Name: _____ (If applicable) Dealer ID#: _____
Company Address: _____
Contact Name: _____ (If applicable) Drive ASM: _____
Contact E-mail: _____ Contact Phone: _____

BANK INFORMATION The following information is required to process your application. Please confirm with your bank that the ABA Routing Number you provide is ACH compatible. Failure to do so may result in a delay in processing your application and/or timely delivery of your funds.

Beneficiary Account Information *required

Beneficiary Bank Information *required

*Account Name

*Bank Name

*ABA Routing Number

*Bank Contact Name and Phone

*Account Number

*Bank Address

Drive may cancel this authorization at any time by providing Company written notice. Such cancellation will be effective five (5) business days after receipt of such notice.

Please complete this entire form and fax to:

DEALERSHIP AUTHORIZATION

Santander Consumer USA Inc.
Attn: Treasury ACH
Fax: 214-615-3971

By: _____
Name: _____
Title: _____

