



Dealer ACH Signup Form – CPR for Cars

Full Name: _____

Business Name (if applicable): _____

Phone Number: _____

Email Address: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type (Checking/Savings): _____

I authorize CPR for Cars to initiate electronic debit entries to my account listed above for payments.
I understand that this authorization will remain in effect until I notify CPR for Cars in writing to cancel it.

Signature: _____

Date: _____