

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT OF PAYMENTS

I authorize and request Holman to initiate credit entries and to initiate, if necessary, debit entries for any credit entries made in error to the account indicated below. I further authorize the depository named below to initiate credits and to initiate, if necessary, debit entries for any credit entries made in error to the account indicated below.

BANK ACCOUNT INFORMATION	
Bank Name:	_____
Address:	_____
City:	_____ State: _____ ZIP Code: _____
Transit/ABA Number (9 Digits):	_____
Account Number:	_____
PLEASE ATTACH VOIDED CHECK	

This authority is to remain in full force and effect until Holman Automotive Group, Inc. has received written notification from me of its termination. This written notification must be made in such time as to afford the company and Depository a reasonable opportunity to act on it. I understand that the depository designated reserves the right to cancel this agreement by notice to me at any time.

**Vendor Name:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please e-mail form to [hepayables@holman.com](mailto:hepayables@holman.com).