



**RETAIL INSTALLMENT CONTRACT  
ACH PAYMENT REQUEST**

**Automatic Check Payments – Fast, Reliable, Safe and FREE**

- No time spent waiting on checks to be delivered by the USPS or the cost of having your check sent overnight mail to your address
- Timely delivery of your funds
- Automatic payments are extremely accurate, and all account information is kept confidential

**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®, RoadLoans® and Drive®. Company hereby represents and warrants that Company's execution and delivery of this authorization have been duly authorized, and that the person executing this authorization on behalf of Company is fully authorized to execute it. Santander Consumer USA Inc. reserves the right to amend this program at any time.

Company Name: \_\_\_\_\_ (If applicable) Dealer ID#: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ (If applicable) 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

\_\_\_\_\_  
\*Account Number

\_\_\_\_\_  
\*Bank Contact Name and Phone

\_\_\_\_\_  
\*ABA Routing Number

\_\_\_\_\_  
\*Bank Address

We 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:

**COMPANY**

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

\_\_\_\_\_  
By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_