

CUSTOMER No.  
(Provided by Company)

triVIN, Inc.  
115 Poheganut Drive, Suite 201, Groton, CT 06340  
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RegUSA  
11 Drywall Lane, Voorheesville, NY 12186  
Customer Support: 800.211.3638 F: 800.360.7528



## AUTOMATED CLEARING HOUSE (ACH) ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

### AGREEMENT FOR PREAUTHORIZATION PAYMENTS

Business Name: \_\_\_\_\_ DIN/License No. (if any): \_\_\_\_\_

I (we) hereby authorize General Systems Solutions, a wholly owned subsidiary of triVIN, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Transit Routing/ ABA Number: \_\_\_\_\_ Account No.: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to collect all outstanding debts generated through use of any triVIN product or service. If any ACH debit files are returned due to insufficient funds, the Client will incur a \$75.00 return penalty for each offense. After two successive unsuccessful debit transfers due to insufficient funds, COMPANY will terminate Services immediately pending payment. For all delinquent payments, a 1.5% monthly interest charge will also be imposed.

Must be signed by an Officer of the Company or an authorized signatory: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_ Signed \_\_\_\_\_

Dealership ACH Point of Contact (if different from above): \_\_\_\_\_

ATTACH YOUR BLANK, VOIDED,  
OR PHOTOCOPIED CHECK HERE

For customers who are blocking unauthorized ACH withdrawals from their bank accounts, please be sure to inform your bank of the proper "Originating Company ID" used to identify triVIN as an authorized vendor.

Please check the box next to the program(s) you will be using.

<u>Program Name</u>	<u>Originating Company ID</u>
<input type="checkbox"/> California Inquiry	061286752
<input type="checkbox"/> California OLRs	2061286752
<input type="checkbox"/> Connecticut OLRs	2061286752
<input type="checkbox"/> Indiana OLRs	2061286752
<input type="checkbox"/> Massachusetts OLRs	2061286752
<input type="checkbox"/> New Jersey OLRs	2061286752
<input type="checkbox"/> New York OLRs	2061286752
<input type="checkbox"/> Maryland OLRs	3061586472
<input type="checkbox"/> Pennsylvania OLRs	1061286752
<input type="checkbox"/> RegUSA	5061286752
<input type="checkbox"/> North Carolina OLRs	1061586472
<input type="checkbox"/> Ohio OLRs	1061586472
<input type="checkbox"/> Virginia OLRs	1061586472
<input type="checkbox"/> Wisconsin OLRs	1061586472