

EFT Authorization Form

Authorization For Direct Withdrawals (ACH Debits)

I authorize Chrysler LLC to make monthly withdrawals for lease vehicle charges incurred under the Employee/Retiree Vehicle Lease Program, from the account identified below at _____(Name of financial institution) and authorize the named financial institution to charge such withdrawals to my listed account.

It is agreed that these withdrawals and adjustments may be made electronically and under the Rules of the Michigan Automated Clearing House Association. Adjusting entries to correct errors are also authorized. This authorization will remain in effect until written notice of termination is given to Chrysler LLC.

Name of Financial Institution _____

Address of Financial Institution _____
(street address)

(city, state and zipcode)

Financial Institution Routing and Transit Number: _____

Type of Account: CHECKING _____ SAVINGS _____

Account Number: _____

Signature Authorizing Direct Deduction _____

Social Security Number _____

Today's Date: _____

Please send this completed form to:

Company Car Operations

CIMS: 483-08-12

800 Chrysler Drive

Auburn Hills, MI 48326-2757

OR Fax to 248-576-8292

NOTE: PLEASE ATTACH A VOIDED CHECK TO THIS AUTHORIZATION FORM.