



DIRECT DEPOSIT AUTHORIZATION

I hereby authorize **NARC – King of the West** hereinafter called the COMPANY, to initiate credit entries to my ____Checking Account / ____Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law and regulations.

FIRST NAME _____ LAST NAME _____ MIDDLE INITIAL _____

CAR # ____/____/____/____

DEPOSITORY

BANK NAME AND BRANCH _____

ADDRESS: _____

CITY: _____ ST _____ ZIP CODE _____

BANK ACCOUNT NUMBER _____

BANK ROUTING NUMBER _____

THIS ACCOUNT IS A:

____ CHECKING ACCOUNT ____ SAVINGS ACCOUNT

I hereby request the deposit of payout from NARC King of the West into the above-named account.

THIS AUTHORIZATION IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL THE COMPANY HAS RECEIVED WRITTEN NOTIFICATION FROM ME FOR ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD THE COMPANY AND DEPOSITORY A REASONABLE OPPORTUNITY TO ACT ON IT.

NOTE: Please attach a deposit slip or cancelled check to this form.

CAR OWNER Signature

Date