

Dealer EFT Agreement

Consumer Portfolio Services, Inc. is hereby authorized to initiate Automated Clearing House Credits (ACH Credits) to my:

Bank Account Number: _____

Transit Routing Number: _____

Bank Name: _____

Bank City & State: _____

Bank Phone Number: _____

For payment of settlements due us by Consumer Portfolio Services, Inc. These ACH credits shall indicate "CREDIT" and will originate from any bank designated by Consumer Portfolio Services, Inc.

This authorization is to remain in effect until Consumer Portfolio Services, Inc. is notified in writing to the contrary. Although, re-verification will required for funding inactivity of 6 months or more.

(Legal Name)

(DBA Name)

By:

(Signature of Owner, Managing Partner, Corporate Officer or LLC Managing Member)

(Date)

By:

(Printed Name)

(Title)

By:

(Accounting Contact Name)

(Accounting Fax Number)

All above lines must be filled in.

*** Corporate Officer's Signature must also be listed on the Corporate Assignment/Authorization Certificate.**

Attach a voided check or a bank letter from the above account.

We **must have** this to ensure that your ACH credits are properly distributed to you

FAX BACK OR EMAIL TO:

OR

CPS Rep:

Re-Verification : I Verify that the information above is valid and correct. Only complete section below upon request of CPS.

Printed Name: _____

Date: _____

Signature: _____