

**Authorization Agreement  
For Automatic Debits  
And Credits (ACH)**



Dealer Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

I (we) hereby authorize The Piano Credit Company ("COMPANY") to initiate credit entries and, if necessary, debit entries to the depository accounts specified below.

Depository Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Telephone \_\_\_\_\_

Bank Routing – Transit / ABA# (9digits)

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Bank Account # \_\_\_\_\_

*This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITRY a reasonable opportunity to act upon it.*

Federal Tax Name(s) \_\_\_\_\_ Tax ID# \_\_\_\_\_

Date \_\_\_\_\_ (PLEASE PRINT)

Signed \_\_\_\_\_ Signed \_\_\_\_\_

Please allow 7-10 business days for processing. Any questions, please call 1-800-468-2255.

A COPY OF A VOIDED CHECK MUST BE ATTACHED. IF A COPY OF A CHECK CANNOT BE SUPPLIED, THEN YOU MUST HAVE A LETTER FROM THE BANK ON BANK LETTERHEAD. THIS LETTER MUST CONTAIN CONFIRMATION THAT THE ABOVE DEALER HAS AN ACCOUNT WITH THIS BANK AND THAT THE ABA ACCOUNT NUMBERS ARE CORRECT. THE LETTER MUST ALSO CONTAIN THE ABILITY TO INITIATE DEBITS AND CREDITS TO THE ABOVE ACCOUNT.

**IF THE COPY OF THE VOIDED CHECK OR LETTER IS NOT PROVIDED, THIS REQUEST WILL NOT BE PROCESSED.**

ATTACH CHECK HERE
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