



ACH CREDIT AUTHORIZATION FORM

I(we) hereby authorize Viper Owners Association (THE CLUB) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION) and if necessary, initiate adjustments for any transactions credited in error. The authority will remain in effect until THE CLUB is notified by me (us) in writing to cancel it in such time as to afford THE CLUB and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name of Financial Institution – please print

Address of Financial Institution – Branch, City, State and Zip – please print

Region name – please print

Signature

Date

Name – please print

Address – please print

Financial Institution Routing Number:

Checking/Savings Account Number:

Email the completed form to joe.boscia@driveviper.com

