



GE Auto Warranty Services

7125 W. Jefferson Ave, Suite 200
Denver, CO 80235
303-987-5500

Company Name
Attn:
Street Address
City , State Zip Code

RE: DIRECT DEPOSIT AUTHORIZATION AGREEMENT- DEALER # _____

I hereby authorize *GE Auto Warranty Services* to deposit my claim payment in full, as noted in section (A), by depositing the funds to my account noted in section (B):

A. Bank Account Deposit: I elect to have this initial payment and reoccurring claim payments deposited to my financial institution account. I have provided the account information in section (B) and signed where indicated below.

B. Financial Institution Account Information

Financial Institution Name (DEPOSITORY)

Financial Institution Address

Financial Institution City, State, Zip

Routing Number (First 9 digits on bottom of check)

Demand Deposit Account (DDA)

Please circle one: Checking Savings

C. Customer Disclosure:

I hereby authorize GE Auto Warranty Services and The Chase Manhattan Bank and its authorized representatives, including Chase Merchant Services, L.L.C., to access information from the DDA and to initiate credit and/or debit entries by bank wire or ACH (Automatic Clearing House) transfer and to authorize the Depository to block or to initiate, if necessary, reversing entries and adjustments for any original entries made to the DDA and to authorize the Depository to provide such access and to credit and/or debit or to block the same to such account. This authorization is without respect to the source of any funds in the DDA. This authority extends to any fees and assessments and charge back amounts of whatever kind or nature due to Chase Merchant Services, L.L.C. or The Chase Manhattan Bank under the terms of this Agreement, whether arising during or after termination of this Agreement.

By signing below, I understand that this authorization is to remain in effect until Company has received written notification from me of its termination. I also understand that this deposit to my account will be processed only if the claim has been authorized. I further certify that the information I provided above concerning my bank account is accurate, the account is in my name, and the account is in good standing. I agree that should any information pertaining to the account change during the course of this Agreement, including closing the account or changing the authorized signatories, I will notify the Company immediately. I understand that such changes in the account may delay or prohibit any credits or debits to my account by Company.

Signature of Customer:

Date

Email Address:(Preferable for payment notification)

OR

Print Name

Fax Number

PLEASE RETURN FORM TO:

GE Auto Warranty Services
Attn: Payables Department
P.O. Box 140057, Denver, CO 80214-0057

(FOR FASTER SERVICE FAX TO: (800) 324-2807)

Member companies: Heritage Indemnity Company (C of A #6457), GE Capital Administrative Services, Inc. (FL#60079), Heritage Mechanical Breakdown Corporation (FL# 60072), GE Capital Warranty Corporation, and GE Capital Management Corporation