

ELECTRONIC FUNDS TRANSFER (EFT) FORM

Authorization for Direct Withdrawals (ACH Debits)

I authorize FCA US LLC/Stellantis, to make monthly withdrawals for lease vehicle charges incurred under the Retiree Lease Program, from the account identified below at

_____ (name of financial institution) and authorize the named financial institution to charge such withdrawals to my listed account.

It is agreed that these withdrawals and adjustments may be made electronically and under the Rules of the Michigan Automated Clearing House Association. Adjusting entries to correct errors are also authorized. This authorization will remain in effect until written notice of termination is given to FCA US LLC/Stellantis.

IMPORTANT INFORMATION

- Ensure all information fields on this form are filled out.
- Physically sign the form as digital signatures are not accepted by accounting.
- Include leading zeros for routing and account numbers, if applicable.
- The bank account must be personal account, not a business account.
- The voided check or bank letter must be in the Retiree's name and the Retiree must be an account holder.
- If a voided check is not available, your account information can be provided by your bank. It must be on bank letterhead, dated and signed by a bank representative.

Name of Financial Institution: _____

Address of Financial Institution (address, city, state, zip code):

Type of Account: Checking _____

Financial Institution Routing and Transit Number: _____

Account Number: _____

Retiree Signature Authorizing Direct Deduction: _____

Print Retiree Name: _____

Retiree CID: _____

Date: _____

Send the completed form by email: cocars@stellantis.com

NOTE: ATTACH A VOIDED CHECK TO THIS AUTHORIZATION FORM.