

**ELECTRONIC FUNDS TRANSFER
(EFT)**

Authorization for Direct Withdrawals (ACH Debits)

I authorize FCA US LLC, 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.

Name of Financial Institution: _____

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

Financial Institution Routing and Transit Number: _____

Type of Account: CHECKING _____ SAVINGS _____

Account Number: _____

Signature Authorizing Direct Deduction: _____

Print Name: _____

CID: _____

Today's Date: _____

Please send the completed form by either email, fax, or mail:

Email: cocars@stellantis.com

Fax: (248) 512-0571

Mail:

Company Vehicle Operations

Inventory Control

CIMS 438-01-00

4300 South Lapeer Road

Orion Township, MI 48359

**NOTE: PLEASE ATTACH A VOIDED CHECK TO THIS
AUTHORIZATION FORM.**