



Effective 8/1/15, affiliates selling titled/registered assets through K-BID's Dealer Services must have a signed Electronic Payment Authorization form on file (original signed document required). **By signing this form the affiliate is authorizing electronic payments for their invoiced vehicle fees only.** This authorization will remain in effect for 5 days after K-BID is notified the affiliate is withdrawing authorization.

While electronic payment authorization is required to utilize K-BID's dealer services, this authorization is intended as a safety net only. Affiliates are expected to submit their VF through Bill & Pay within 1 week (7 days) of the auction close date. Failure to meet the 7 day deadline will cause an electronic payment request to be generated and submitted to the affiliate's bank on day 8 following the auction close date. If an electronic payment request is necessary, it will impact the affiliate's access to K-BID's Dealer Services for future auctions.

The VF on invoices processed as No Sale or No Show **are not** considered to be unpaid and will not be included in the ACH payment request. If an affiliate notifies the title department there will be a delay in collecting the VF for a particular vehicle prior to Day 8, the VF for that vehicle **will not be included** in the ACH payment request. However, the VF listed on open invoices, as well as invoices processed as paid, **will be included** in the ACH payment request submitted to the affiliate's bank.

Please complete this form and return it to K-BID.

ELECTRONIC PAYMENT AUTHORIZATION

I hereby authorize _____
to initiate entries to my checking or savings account at the financial institution listed below.
This authority will remain in effect until five days after I provide written notice to cancel it.

Your Name *(please print)*

Bank or Credit Union Name

Your Address

Bank or Credit Union Address

City

State

Zip

City

State

Zip

Account Number *(see sample below)*

Transit / ABA Number *(see sample below)*

Your Signature

Today's Date

(Please complete & sign this form and submit it with a voided check to K-BID)

Sample Check

JOHN DOE
1124 Maple St.
Tampa, FL 33602

Transit / ABA Number

Date _____

Pay to the
Order of _____ \$ _____

Dollars

YourBank
YourBank of Tampa
Tampa Office
Tampa, FL

Account Number

For _____

: 10 10 100 11 : 055 1005 11 5 100 110 1

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