

B2BBDS Account #:	
Re: Client Authorization	
I/We,Client/s) Name(s)	, authorizeBank Name
to confirm my/our banking information with my/our transit and account number only.	
Thank you,	
Client signature	Date (mm/dd/yyyy)
Client signature	Date (mm/dd/yyyy)
For Internal Use Only:	
When this form is sent back to B2BBDS please fax it to the Dealer Operations - Credit Department 416-413-0878.	

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