



## OpenRoad Lending Dealer Wire Payment Request Setup

**To sign up for Wire payment, complete and sign this authorization form and return it by fax or by email.** Receipt of the complete and accurate request form will ensure Wire set-up and implementation will occur within 24 business hours.

By Execution hereof the undersigned company ("Company") hereby elects to receive Wire Payment from OpenRoad Lending, LLC. Company represents and warrants that Company's execution and delivery of this authorization have been duly authorized, and that the person executing this authorization on behalf of Company is fully authorized to execute it. OpenRoad Lending, LLC reserves the right to amend this program at any time.

Company/Dealer Name: \_\_\_\_\_

Company/Dealer Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**BANK INFORMATION:** The following information is required to process your application. Please confirm with your bank that the ABA Routing Number you provide is Wire compatible. Failure to do so may result in a delay in processing your application and/or timely delivery of your funds.

### Beneficiary Account Information

\_\_\_\_\_  
Account Name\*

\_\_\_\_\_  
**ABA Routing Number\***

\_\_\_\_\_  
Account Number\*

\*Required Information

Please complete this entire form and fax or email to  
**OpenRoad Lending, LLC**  
**Attn: Treasury Wire**  
**Fax: 866-228-8446**  
**Email: [treasury@openroadlending.com](mailto:treasury@openroadlending.com)**

### Beneficiary Bank Information

\_\_\_\_\_  
Bank Name\*

\_\_\_\_\_  
Bank Contact Name      Bank Phone

\_\_\_\_\_  
Bank Address

### DEALERSHIP AUTHORIZATION

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_