ACH PRE-AUTHORIZED DRAFTS AUTHORIZATION AGREEMENT

I hereby authorize Scott Fischer Enterprise	_	•	•	
debit entries or such adjusting entries, eit				
Checking Savings Savings		ed below and the	financial institutio	n named
below to debit (or credit) the same to suc	h account.			
ENTITY NAME	DEALERSHIP NAME			
FINANCIAL INSTITUTION NAME	CITY	STATE	ZIP	
THE WELL INSTITUTION OF WAIVE	CITT	317112	211	
TRANSIT/ROUTING NUMBER	ACCOUNT NUMBER			
-1	I ((: COMPAND			.
This authority is to remain in full force and termination in such time and in such man				
termination in such time and in such man	nei as to anoid Colvier	iivi a reasonable (opportunity to act	on it.
NAME AND TITLE				
FAADLOVED IDENTIFICATION AND ADED				
EMPLOYER IDENTIFICATION NUMBER				
SIGNATURE			DATF	

