

**NC DEPARTMENT OF TRANSPORTATION  
DIVISION OF MOTOR VEHICLES  
E-Commerce ACH Authorization Form**  
(Print clearly in black ink)

This agreement authorizes the North Carolina Department of Transportation, Division of Motor Vehicles to make automatic ACH debits (withdrawals) from a designated checking account to enable the online purchase of authorizations from your analyzer and/or from the esticker website.

Date: \_\_\_\_\_ Station Number: \_\_\_\_\_ County: \_\_\_\_\_

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

Station Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ -

Telephone Number: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_

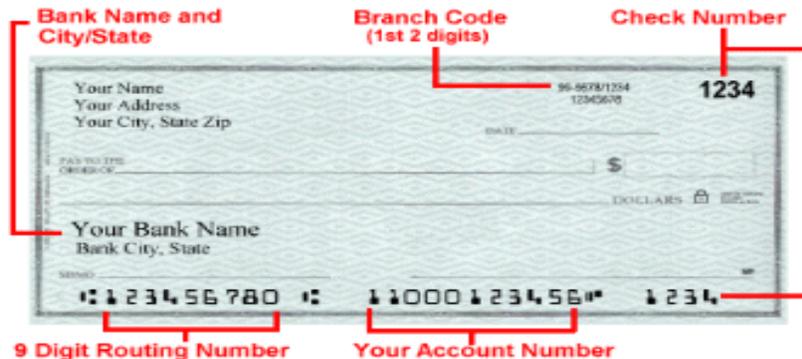
Corporation Name: \_\_\_\_\_

Corporation Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ -

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

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_



The undersigned account holder hereby authorizes the NC Department of Transportation, Division of Motor Vehicles to initiate debit (withdrawal) entries to the checking account identified below, at the depository named below, and said depository to debit the same to such account.

I understand the NC Department of Transportation, Division of Motor Vehicles and/or the financial institution listed above reserve the right to terminate this service at any time. This authorization is to remain in full force and effect until the NC Division of Motor Vehicles has received written notification from the account holder that this authorization is to be terminated, in such time and in such manner as to afford the NC Division of Motor Vehicles and depository a reasonable opportunity to act on it. I also understand that ACH payments rejected/returned by my bank account will cause a block from performing E-Sticker transactions and I will be charged a return fee in accordance with G.S. 20-178.

Account holder name (exactly as it appears on the account): \_\_\_\_\_

\_\_\_\_\_  
Authorized signature of account holder

\_\_\_\_\_  
Authorized signature of account holder

**Once completed, please Fax & Mail this form:** FAX# (919) 715-6390  
**Mailing Address:** NCDMV Vehicle Inspection Program  
3130 Mail Service Center  
Raleigh, NC 27699-3130

If you need assistance completing this form, contact the Division of Motor Vehicles at 1-877-421-0020