



DIRECT DEPOSIT AUTHORIZATION

Direct Deposit Account Information (please check one)

- I currently receive or have received direct deposit payments for other notes purchased from Consumer Portfolio Services, Inc. Please deposit all principal and interest payments for this new investment into the same account.
- Please deposit my principal and interest payments into the same checking account that I am using to make this investment. The correct account information is listed on the enclosed check that I am using to purchase this note.
- Please deposit my payments into the account listed below. (If this is a checking account, please attach a VOIDED check to the bottom of this form. If this is a savings account, please confirm the bank routing number and the account number with your financial institution.)

Account Owner Name(s) _____

Account Number _____

Checking Savings Other

ABA Routing Number (9 digits) _____

Financial Institution _____

Branch Location _____

Some financial institutions (e.g., brokerage firms, custodians, mutual savings banks, credit unions, money market funds, etc.) also require "for further credit" information to correctly identify direct deposit accounts. If your financial institution requires this additional information, please list it below. If you are unsure if this additional information is required, please call your financial institution.

For further credit: _____

Direct Deposit Authorization

As the investor of record and authorized signatory of the account listed above, I hereby authorize Consumer Portfolio Services, Inc., its affiliates, or its agents (collectively referred to hereinafter as "CPS") to deposit interest and principal payments owed to me, by initiating credit entries in the account to my financial institution listed on this form. Further, I authorize my financial institution to accept and to credit any credit entries initiated by CPS to the listed account. In the event of an erroneous credit entry, I also authorize CPS to debit the account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until CPS and my financial institution have received written notice from me of its termination in such time and in such manner as to afford CPS and my financial institution reasonable opportunity to act on it. In the event the listed account is closed I will promptly notify CPS of an alternate account into which payments can be made.

SIGN
HERE

Authorized Signature

Date

SIGN
HERE

Mail to:

CPS NOTES INVESTOR SERVICES
PO Box 5474
Hopkins, MN 55343

ATTACH VOIDED CHECK HERE