



DIRECT DEPOSIT

Direct Deposit Account Information (please check one)

- I currently receive direct deposit payments from an existing CPS note. Please deposit all principal and interest payments for this new note into the same account.
- Please deposit my payments into the account listed below. (If this option is chosen, the account owner must attach to the bottom of this form either a VOIDED check, if this is a checking account, or a deposit slip, if this is a savings account.)

Account Owner Name(s) _____

Checking Savings Other

Account Number _____

Bank Routing Number (9 digits)

Bank Name _____

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.

Authorized Signature _____

Date _____

Mail to:

SUMNER HARRINGTON LTD.
11100 Wayzata Boulevard
Suite 170
Minneapolis, Minnesota 55305

ATTACH VOIDED CHECK or DEPOSIT SLIP HERE