



INDIANA ELECTRONIC LIEN AND TITLE PARTICIPATING LENDER APPLICATION

State Form 53067 (4-22)
INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES
100 North Senate Avenue, N483
Indianapolis, IN 46204

INSTRUCTIONS:

1. This form is to be used by financial institutions and other lenders to enroll or modify an existing account in Indiana's Electronic Lien and Title (ELT) Program.
2. Lenders must complete Sections 1, 2, and 3, then forward this form to their ELT Service Provider.
3. The ELT Service Provider named in section 3 must submit this completed application to the Indiana BMV.

SECTION ONE – ACTION REQUESTED BY FINANCIAL INSTITUTION/LENDER

Check the action that is being requested

- | | |
|--|---|
| <input type="checkbox"/> Initial Enrollment in ELT Program | <input type="checkbox"/> Change of Service Provider |
| <input type="checkbox"/> Removal from ELT Program | <input type="checkbox"/> Change of Financial Institution / Lender Address |
| <input type="checkbox"/> Change of Financial Institution / Lender Name | |

SECTION TWO – FINANCIAL INSTITUTION/LENDER INFORMATION

If there are more than four addresses, attach them on a separate sheet

| | | | |
|-------------------|------------------------|-------|----------|
| Lender Name | ELT ID (If applicable) | FEIN | |
| Mailing Address 1 | City | State | Zip Code |
| Mailing Address 2 | City | State | Zip Code |
| Mailing Address 3 | City | State | Zip Code |
| Mailing Address 4 | City | State | Zip Code |

SECTION THREE – AUTHORIZED REQUESTER'S SIGNATURE

By signing below, Participating Lenders agree to the following conditions and requirements:

- The lender must provide their ELT ID assigned by the Indiana BMV to all loan recipients and dealers utilizing selected lender services. The lender must require that all dealers utilizing selected lender services record the ELT ID on the Indiana Application for Certificate of Title with the accompanying lienholder information.
- The lender must work directly with their chosen provider's Help Desk to resolve all ELT discrepancies and data transmission issues.

| | | |
|---------------------------------------|------------------|-------------------|
| Authorized Requester's Signature | | |
| Printed Name of Authorized Requester | Telephone Number | Date (mm/dd/yyyy) |
| Email Address of Authorized Requester | Provider | |

SECTION FOUR – ELT SERVICE PROVIDER AUTHORIZATION

This section must be completed and signed by an ELT Service Provider

| | | |
|---|---------------------------------------|-----------------------------|
| Printed Name of Provider Employee Authorizing ELT Account | Title of Provider Employee | Telephone Number |
| Email Address of Authorizing Provider Employee | Requested Date of Change (mm/dd/yyyy) | Provider Employee Signature |