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Application for ACH Payment Withdrawal

Thank you for requesting automatic payment withdrawal (ACH) for your agreement. To commence this service, please complete this form and return, with a copy of a voided check, by fax to (319) 261-6498 or by email at ach@accountservicing.com. Please allow one full business day for this form to be processed.

Customer Name ("you")

Agreement Number(s) (the "Agreement")

Each period, the entire amount due under your agreement (including but not limited to, past due amounts, periodic property tax, late fees, insurance charges and excess usage charges, if applicable) will be deducted from your account.

Dishonored or returned ACH drafts will be subject to a \$30.00 returned payment fee.

Debits will appear on your bank statement with a reference to "Leasing Services Processing Center" (Co. ID #4214751391).

If the date on which your payment is due under the Agreement falls on a weekend or holiday in any month, your payment will be debited the following business day.

In the event that we need to contact you regarding ACH, please provide a contact email address below:

ACCOUNT INFORMATION FOR ACCOUNT TO BE DEBITED

Bank Name

Transit/ABA/Routing Number

The undersigned, on behalf of the customer, hereby authorize(s) Leasing Services Processing Center ("Company") to initiate debit entries to the above account at the above bank ("Bank") each period to cover the amount due or that becomes due under the above Agreement(s) each period. Amounts debited will be limited to the amounts that are payable under the terms of the Agreement. This authorization shall remain in full force and effect until Company and Bank have received notification from the customer or the undersigned of its termination at such time and in such manner as to afford Company and Bank a reasonable opportunity to act on it. This document may be executed by you manually or electronically.

Signature

Print Name & Title

Print Name & Title

Signature

Date

Date

Account Number

Branch, City, State

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