

# Authorization Agreement for Electronic Funds Transfer

## 1. Customer Information

Customer ("You" or "Your"): \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_  
 Print Name and Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

## 2. Attach a VOIDED CHECK and complete information below

Bank Name ("Financial Institution"): \_\_\_\_\_  
 Bank City and State: \_\_\_\_\_  
 Bank# (Transit/ABA): \_\_\_\_\_ Account Number: \_\_\_\_\_

CLICK HERE TO ATTACH  
VOIDED CHECK IMAGE

**3. Mail or Fax to:** Lease Corporation of America  
 P.O. Box 1297 Phone: 888.542.5302  
 Troy, MI 48099-1297 Fax: 855.280.6777

### A representative will call to verify automatic withdrawal start date

You authorize us and the above Financial Institution to debit funds from the above account as provided herein. Debits from your account shall be made in accordance with the Operating Rules of the National Automated Clearing House Association in effect at the time of any particular debit. The amount and number of debits will be based upon the various amounts due us under the Agreement. Any notice required will be properly given when deposited in the U.S. Mail, registered, postage paid to your billing address or our address, as the case may be. This address may be changed by Notice. Notice of termination shall not effect debits originated prior to actual receipt of notice of termination and will not be effective until fifteen (15) calendar days after properly given. We may terminate this agreement at any time without notice. **You agree that in no event will we be liable for any incidental or on sequential damages or any attorney's fees associated with an incorrect entry processed by our financial institution and will be responsible only for the refund of any overcharge when verified by us as such.** Further, we are permitted to fix any error it causes and as a result are authorized to make the appropriate credit or debit to your account. We will not be responsible for any mishandling of money by any Financial Institution. You agree to keep enough money in the account for any debits.

### Accounting Use Only

Customer Number: \_\_\_\_\_ Company: \_\_\_\_\_  
 Customer Name First Payment Date First Payment Amount Comments  
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