**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.

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|  |  |  |
| Customer Name (“you”) |  |  |
|  |  |  |
| Agreement Number(s) (the “Agreement”) |  |  |

 |  |  |

**The entire amount due under your agreement each period (including, if applicable, but not limited to, periodic property tax, late fees, insurance charges and excess usage charges) 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If the ACH due date for payments under your agreement has passed, an additional amount will be withdrawn from your account on your next ACH due date so that your account will be current on an ongoing basis.  If the ACH due date falls on a weekend or holiday in any month, your payment will be debited the following business day. Your agreement states that you must keep the equipment insured at all times. If your current insurance policy will cover the equipment, please add us as an additional loss payee and send us a certificate to that effect. If you do not provide us with such certificate, we will continue to charge you the monthly insurance charge.

**If your due date has passed for this month and you would like to bring your account current, please initial here \_\_\_\_\_\_\_.**

**Ordinarily, regular periodic invoicing will continue when we set an agreement up on ACH. If you would like to receive invoices via email, please initial here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Email Address:**

ACCOUNT INFORMATION FOR ACCOUNT TO BE DEBITED

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| --- | --- | --- |
|       |  |       |
| Bank Name |  | Branch, City, State |
|       |  |       |
| Transit/ABA/Routing Number |  | Account 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 month to cover the amount that becomes due under the above Agreement(s) each month. 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.

|  |  |  |
| --- | --- | --- |
| **X** |  | **X** |
| Signature |  | Signature |
|       |  |       |
| Print Name & Title |  | Print Name & Title |
|       |  |       |
| Date |  | Date |